

Pellerin Classroom Teacher Nomination Form

DIRECTIONS: Please supply all of the information requested in sufficient detail for the Awards committee to make impartial and honest judgments. You may duplicate this form.

NOMINEE / APPLICANT:

Name:

Position:

School:

District:

Work Address:

Work Phone:

Home Address: Home Phone

Active E-Mail:

JUSTIFICATION FOR NOMINATION: Please attach a succinct statement (at least two paragraphs, but not more than one page) explaining why you/your candidate meet/s the criteria of the award for which you are nominating him/her.

NOMINATOR:

Position: School:

District:

Preferred Mailing Address:

Preferred Phone:

E-mail Address:

The nominator is a member of CASL (required), yes ____ no ____

DEADLINE: Nominations must be received by April 15, 2008. Applications must be received by June 1, 2008.

MAIL TO:

Leslie Poulos, Awards Chair
5 Sleepy Hollow Road
Columbia , CT 06237
l_poulos@yahoo.com
860-228-4003