

Outstanding Teacher

DEADLINE: FEBRUARY 1

Winners will be announced by May 1.

NOMINEE NAME			
HOME ADDRESS			
			PHONE
SCHOOL NAME			
SCHOOL ADDRESS			
CITY	_ STATE	_ZIP	_PHONE
AREA OF SPECIALTY (IF ANY)			
GRADE LEVEL	YEARS II	N CURRENT POSITIO	N
TOTAL YEARS OF TEACHING	EXPERIENCE		_

Below list colleges and universities attended, including post-graduate studies. Indicate degrees earned and dates of attendance.

COLLEGE OR UNIVERSITY	DEGREE EARNED	DATES OF ATTENDANCE

List teaching employment history below.

SCHOOL	TIME PERIOD	GRADE LEVEL	SUBJECT AREA

List any professional association mer participation and other relevant activ		ormation regard	ing offices held, project
List any awards and other recognitio	n received for teaching		
What are your greatest contributions	s and accomplishments	in education?	

Describe community service activities such as volunteer work, civic and other group activities.
Describe the rewards you find in teaching.
What are the reasons why you became a teacher?
Please obtain two recommendation letters to be sent separately from this application. One of these letters should be from your Superintendent or Principal. Please provide the name of your second reference:
The completed application and recommendation letters must be emailed to scholarshipsgrants@gpcom.com by February 1.
Questions can be directed to 402-456-9511 or to scholarshipsgrants@gpcom.com.