



GOLDEN  
APPLE  
A W A R D  
Diocese of Toledo

## GOLDEN APPLE AWARD 2019 NOMINATION FORM

Name of Teacher Nominee: \_\_\_\_\_

Nominator's Name: \_\_\_\_\_

Teacher's School: \_\_\_\_\_ City: \_\_\_\_\_

Teacher's Email Address: \_\_\_\_\_

Please indicate: ( ) Parent and Student ( ) Parent ( ) Teacher

(If an elementary student nominates a teacher, a parent must also sign the Nomination Form)

Nominator's Address: \_\_\_\_\_

\_\_\_\_\_

Nominator's Email: \_\_\_\_\_

Nominator's Telephone Number: \_\_\_\_\_

Nominator's Signature: \_\_\_\_\_

Parent Signature (If student nominated): \_\_\_\_\_

In a letter of recommendation, explain why you think this teacher deserves a *Golden Apple Award*. Please give specific examples of the individual's unique qualities and teaching ability. We appreciate your help in recognizing the **dedication to service, professionalism and leadership** our teachers demonstrate every day in classrooms throughout the Diocese of Toledo.

Thank you for taking the time to nominate a Catholic teacher that you feel is outstanding and deserving of this prestigious award.

**RETURN THIS FORM AND YOUR LETTER OF RECOMMENDATION TO THE SCHOOL PRINCIPAL BY FEBRUARY 1, 2019. Thank you.**