



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION  
 Teacher Awards Program  
 Old Capitol Building  
 PO BOX 47200  
 Olympia WA 98504-7200  
 (360) 725-6117 TTY (360) 664-3631

**2008 Washington State Teacher of the Year  
 BACKGROUND INFORMATION**

NAME	HOME TELEPHONE NUMBER (            )
HOME ADDRESS	WORK TELEPHONE NUMBER (            )

**SCHOOL AND PROFESSIONAL PROFILE**

SCHOOL DISTRICT	NAME OF SCHOOL
DISTRICT ADDRESS	SCHOOL ADDRESS
SUPERINTENDENT	PRINCIPAL

Grade(s) taught: \_\_\_\_\_ Years in present position: \_\_\_\_\_ Total years of teaching experience: \_\_\_\_\_

Plan to continue in full-time teaching status? \_\_\_\_\_

Major subject(s), if any: \_\_\_\_\_

Colleges and universities attended, degrees and dates:

_____	_____
_____	_____

I hereby give my permission that any or all of the attached material may be shared with people interested in promoting the Washington and National Teacher of the Year Programs.

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 DATE

I acknowledge that the nominee submits this application with my approval and that if the nominee is selected as the 2008 National Teacher of the Year he or she will be released from classroom responsibilities during the year of recognition.

\_\_\_\_\_  
 SIGNATURE OF DISTRICT SUPERINTENDENT

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SIGNATURE OF PRINCIPAL

\_\_\_\_\_  
 DATE

**School Districts:**

**Please forward school district nominee application materials, including this form, to local ESD for regional candidate selection.**

**Educational Service Districts:**

**Please forward regional candidate's application materials, including this form, to:  
 Julie Hanson, Teacher Awards Program  
 Office of Superintendent of Public Instruction  
 PO Box 47200  
 Olympia WA 98504-7200**