**Name of Nominee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School and Grade Level** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOY Program:** (Circle or highlight one)

Adapted PE Elementary PE Middle School PE High School PE

Elementary Health Middle School Health High School Health Education Dance

**Nominee’s Permanent Address**

Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Requirements (Yes/ No)**

Current Member of: NC SHAPE \_\_\_\_\_\_\_\_\_\_\_ SHAPE America \_\_\_\_\_\_\_\_\_

Teaching in your nominated area for award at least 50% of the time when nominated and during the NC SHAPE State Convention \_\_\_\_\_\_\_\_\_\_\_\_\_

Teaching at least 5 years in the field \_\_\_\_\_\_\_\_\_\_

**Narrative**

\_\_\_\_\_\_\_\_ Each statement addressed appropriately Meets # of words specified \_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_ Three Letters of Recommendation:**

(One from a colleague, one from an administrator/supervisor and one from a present or former student.)

I verify the information in this packet is accurate and current

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name E-mail

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date