2008 MARY V. BICOUVARIS VIRGINIA TEACHER OF THE YEAR PROGRAM

DATA SHEET

Due Date: Friday, June 29, 2007

Superintendents' Regional Study Group Number _____

Nominee: _____
First M.I. Last (Nickname)

Home Address: _____

_____
City State Zip Code

Nominee's E-mail: _____ Telephone: ( ) _____

School Name: _____

School Address: _____

_____ ( ) _____
City State Zip Code Telephone

Fax: ( ) _____ E-mail: _____

School Profile (check one): Urban _____ Suburban _____ Rural _____

Number of Students in School Division: _____ Number of Students in Nominee's School: _____

Teaching Area: _____ Grade Level: _____

Total Years of Teaching Experience: _____ Years in Present Position: _____

Bachelor's Degree Received From: _____ Master's Degree Received From: _____

Additional Degrees: _____

Teaching Endorsements: _____

License Number or Social Security Number: _____

I possess a current five-year Virginia teaching license. I hereby give my permission that any or all of the attached materials may be shared with persons interested in promoting the Mary V. Bicouvaris Virginia Teacher of the Year Program.

Signature of Nominee: _____

Name of Principal: _____

Signature of Principal: _____

Name of Division Superintendent: _____

School Division: _____

Signature of Superintendent: _____

Address: _____

_____ ( ) _____
City State Zip Code Telephone

Central Office Contact for Program: _____ ( ) _____
Telephone

E-mail: _____ ( ) _____
Fax Number