

2010 MARY V. BICOUVARIS VIRGINIA TEACHER OF THE YEAR PROGRAM

DATA SHEET

Due Date: Tuesday, June 30, 2009

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: \_\_\_\_\_

Current 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 ( )