

The Silver Apple Award

A Teaching Award for Excellence



Nominee (teacher's name) _____

School _____ Grade & Subject _____

School Address _____

City _____ Zip _____ Phone (____) _____

School District _____

Nominated by (one student per application) _____ Age _____

School _____ Grade _____

Home Address _____

City _____ Zip _____ Phone (____) _____

Printed Name of Parent/Guardian _____ Day Phone (____) _____

Signature of Parent/Guardian* _____

**By signing this Nomination Form, Parent/Guardian certifies that he/she has read the Official Rules for The Silver Apple Award (available at www.azfamily.com/silverapple) and consents to his/her student's participation in accordance with these terms.*

In 100 words or less, tell us "Why This Teacher Is Special."

(Illegible nominations, those submitted without parental/guardian consent and the school administrator's signature, and those received by KTVK after 5:00 p.m. on March 5, 2020 will be not be eligible and will not be considered.)

(Please print name and title of School Administrator)

(Phone)

Signature

Note: All entries must be signed by a school administrator, preferably the principal (not the teacher being nominated). Decision of the judges is final. Honorees will be announced on 3TV.

Sponsored by:



Please return to:
Silver Apple Award
5555 North 7th Avenue
Phoenix, Arizona 85013
602-207-3545 (fax)