



**Ellsworth Community School District Foundation, Inc.**

**PO Box 184**

**Ellsworth Wisconsin 54011-0184**

## **Teacher of the Year Award**

To the Nominator:

The *Teacher of the Year Award* is the highest honor the Foundation can bestow. The award consists of a significant cash award and a memento presented at the Ellsworth High School graduation ceremony. The honor is designed to recognize a teacher who has demonstrated an unusual commitment to inspire students to reach their goals. Nominees should have earned the respect of students and others through sustained effort, high moral standards, and the likelihood of enduring beneficial effects on the students with whom they have worked.

Any *current teacher* within the Ellsworth Community School District is eligible for nomination. *Any current student or alumnus who is not employed by the Ellsworth Community School District can make nominations.*

Forms may be obtained by:

- (1) accessing the district's Web site at <http://www.ellsworth.k12.wi.us>
- (2) calling the Superintendent's Office at 715-273-3900 (or stopping in).
- (3) all school offices in the Ellsworth Community School District



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## Teacher of the Year Award

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

School: \_\_\_\_\_

1. Using a separate sheet of paper, please explain why the nominee merits consideration as Teacher of the Year. You should address the extraordinary aspects of the nominee (e.g., exceptional creativity, remarkable commitment to students, enduring interest and encouragement for the attainment of worthy objectives, exemplary character, superb role model, etc.). Be sure to include specific examples. Also tell us about the character of the nominee and what affect the nominee has had on students.

**THIS FORM IS CONFIDENTIAL - PLEASE DO NOT SHOW IT TO THE NOMINEE.**

2. Mail this form (and your narrative) to the Foundation at the address below post-marked no later than April 15, 2019.

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**P.O. Box 184**  
**Ellsworth, Wisconsin 54011-0184**

Or email to: [ells\\_schfoundation@att.net](mailto:ells_schfoundation@att.net) by April 15, 2019

Person Making Nomination: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Your current year in school: \_\_\_\_\_ Your current school \_\_\_\_\_

or

The year you graduated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Nominator

\_\_\_\_\_  
Date