

**CHAPTER AWARD NOMINATION FORM  
OUTSTANDING FIRST-YEAR TEACHER AWARD**

Nominee \_\_\_\_\_

School District \_\_\_\_\_ School \_\_\_\_\_

Subject(s) or Grade \_\_\_\_\_

Local Address \_\_\_\_\_

Street

City

Zip

Phone

Permanent Address \_\_\_\_\_

Street

City

Zip

Phone

E-mail Address: \_\_\_\_\_

**Rationale for Nomination:**

**Principal's Comments:**

\_\_\_\_\_  
Signature of Chapter Member

\_\_\_\_\_  
Signature of Principal of Nominee's School

\_\_\_\_\_  
Typed Name of Chapter Member

\_\_\_\_\_  
Typed Name of Principal

**February 15: Deadline for Submitting Completed Nomination Form to the Chair of the Epsilon Kappa  
Educational Excellence Committee**