

2013 MARY V. BICOUVARIS VIRGINIA TEACHER OF THE YEAR PROGRAM

DATA SHEET

Due Date: Thursday, May 31, 2012

Superintendents' Regional Study Group Number _____

Nominee: _____
First Middle Last (Nickname)

Home Address: _____

City State Zip Code

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

School Name: _____

School Address: _____

City State Zip Code Telephone ()

Fax: () _____

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: _____

Virginia Educator License 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: _____ Date: _____

Print Name of Principal: _____

Signature of Principal: _____ Date: _____

Print Name of School Division Superintendent: _____

Signature of Superintendent: _____ Date: _____

School Division: _____

Address: _____

City State Zip Code Telephone ()

Central Office Contact for Program: _____ Telephone ()

E-mail: _____ Fax Number ()