



The Angel Award Nomination Form

Nomination Guidelines

The nominated teacher must be a **full-time, certified teacher** in a Catholic school in the Diocese of Gary, who is actively engaged in the direct teaching of students. The nominee must have a **minimum of five years of service** in a Catholic school within the Diocese of Gary and model a Christian faith-filled life.

In addition, the nominee:

- is an outstanding teacher who inspires students of all backgrounds and abilities to learn;
- is respected and admired by students, parents, and colleagues;
- promotes and practices collegiality;
- is poised and articulate, with excellent written and oral communication skills;
- keeps abreast of current educational literature, research, and practices;
- demonstrates exceptional commitment, leadership, and service to the school, parish, and/or community;

Nominator Information

Name: _____ Date: _____

Choose One: Student (circle: present or former) Parent Principal Colleague
 Pastor Parishioner Other

Your School/Parish: _____ Your City: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Your E-Mail Address: _____

Your Phone: (_____) _____

Nominee Information

Educator Name: _____

School: _____ City: _____

Home Address: _____

Grade/Position _____

Please Note: The nomination form is to be submitted to the Principal of the school where the teacher is employed.

Why this teacher should be nominated for The Angel Award:

(PLEASE LIMIT EXPLANATION TO ONE PAGE. USE BACK OF FORM IF ADDITIONAL SPACE IS NEEDED.)

School Principal Sign-Off

PRINCIPAL SIGN-OFF: Date nomination submitted: _____

I verify that the following information is true:

- a. Nominee is a full-time certified teacher in our school.
- b. Nominee is engaged in the direct teaching of students.
- c. Nominee has a minimum of 5 years of service in the Diocese of Gary.
- d. Nominee has fulfilled the yearly diocesan requirement of Religious Education Formation classes.

OTHER COMMENTS:

****Please be sure to include the nominee's current home address on the first page.**

Principal's Signature _____

School: _____ City: _____

For the Office of Catholic Schools Use Only

Date nomination was received: _____ Application sent: _____

Completed Application received: _____

Please Note: The nomination form is to be submitted to the Principal of the school where the teacher is employed.