



# 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: \_\_\_\_\_

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