



TEACHER OF THE YEAR EDUCATION AWARD

Please type all information and use this page as the cover sheet for your entry.

Grade category (check one): Elementary (K – 6) Secondary (7 – 12) District (Skip to Conservation District Section)

Name of teacher

School

School address

City State Zip Code

Department Grade level(s)

County

Approximately how many students are enrolled in your school

What is the school-allocated budget for your conservation education program?

Please list the subject(s) you teach

May KACD use all or part of your program in its educational and information activities? Yes No

Home Address

City State Zip code

Telephone: Home School

Entry will be returned to the teacher's home county Conservation District unless otherwise instructed here:

CONSERVATION DISTRICT: (To be filled out for both Teacher and Conservation District Award)

District name

District chairperson's name

District address

City State Zip code

District Telephone

Approximately how many students does your district reach in a year?

Is the above named teacher a voting member of the conservation district board? Yes No N/A

District Chairperson's signature Date signed