

# KTCCU TEACHER OF THE MONTH NOMINATION FORM

Teacher's Name: \_\_\_\_\_ School: \_\_\_\_\_

Grade/Classes Taught: \_\_\_\_\_

Why does this teacher deserve to be recognized?

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How does this teacher make a difference in student success?

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Do you have a personal story that demonstrates this teacher's character and commitment?

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For follow up purposes only:

Your Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

**PLEASE SEND ALL NOMINATIONS TO:**

Mytown Media  
Attn. KTCCU Teacher Award  
412 North Locust Street  
Pittsburg, KS 66762

\*electronic copies can also be sent to [andy@mytown-media.com](mailto:andy@mytown-media.com)