

**SS TEACHER/WORKER OF THE YEAR
NOMINEE FORM**

CHURCH NAME: _____

YOUR NAME: _____

NAME OF NOMINEE: _____

NUMBER OF YEARS TEACHING/WORKING: _____

GRADE LEVEL THE NOMINEE IS TEACHING:

NURSERY

ELEMENTARY

JR HIGH

SR HIGH

COLLEGE & CAREER

YOUNG ADULT

SENIOR ADULT

OTHER _____

WHY HAVE YOU NOMINATED THIS PERSON?

ACCOMPLISHMENTS OF THIS INDIVIDUAL:

-PLEASE COMPLETE THIS FORM AND RETURN IT TO THE FOLLOWING ADDRESS:

CE DEPARTMENT PO BOX 356 WINCHESTER OH 45697

-YOU CAN ALSO EMAIL TO 3CUCDEPT@GMAIL.COM-