

DEADLINE: February 2, 2009
Nominations received after 5:00 PM on
2/02/09 will not be accepted.

Nomination forms must be received in the
Carroll County Chamber of Commerce office
(not just postmarked).

Mail Nomination forms to:

Carroll County Chamber of Commerce
Attn. OTA
700 Corporate Center Court, Suite L
P.O. Box 871
Westminster, MD 21158

FAX: 410-876-1023

Nominations

Eligibility: Any full-time teacher in the Carroll
County Public School System may be nominated.

Criteria: Nominations will be judged on the degree
to which the candidates exhibit qualities of excel-
lence. When answering the three questions, be sure
to **include specific examples** of the nominee's
impact on students. After being nominated, each
teacher will be required to complete a biographical
form as part of the nomination process. Any teacher
not completing this form by the deadline indicated
will not be considered for an award.

Required Questions

On a separate piece of paper in 75 words
or less, please respond to the following
three questions. Your response to the
questions helps determine the winners.
Please print or type your response.

1. **Give specific examples** of how this
teacher inspires students to learn.
2. **Give specific examples** of how this
teacher builds confidence and self es-
teem.
3. **Give specific examples** of the ways
that this teacher helps students apply
what they have learned to real world
situations.

Please feel free to make additional comments.

2009 Carroll County Chamber of Commerce



Outstanding Teacher Awards Nomination Form

Teacher Information (Please print clearly) (* Required field: incomplete forms will not be accepted)

*Teacher's Name: _____
First MI Last

*Nominee is a full-time: Elementary Teacher Middle School Teacher High School Teacher
Career & Technology Teacher Special Education Teacher Counselor Media Specialist

*Teacher's School: _____

*School Address: _____

City: _____ State: _____ Zip: _____

Nominator Information (Please print clearly) (* Required field: incomplete forms will not be accepted)

*Nominator Name: _____
First MI Last

*Nominator is: Parent of a student Student Teacher School Administrator

*Nominator's Mailing Address: _____

*City: _____ State: _____ Zip: _____

*Phone #: _____ Email: _____

***A RESPONSE TO THE THREE QUESTIONS ON THE LEFT IS REQUIRED.**

To submit nominations by email, visit the Chamber website at www.carrollcountychamber.org under *News
You Need to Know* Outstanding Teacher Awards.

Nominations begin Dec . 1, 2008 and close Feb. 2, 2009 at 5:00 PM

OUTSTANDING TEACHER AWARDS SPONSORED BY

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◆ The Boston Inn ◆ Carroll Community College ◆

Carroll Co. Ed. Association ◆ Lehigh Cement Company ◆ M&T Bank ◆ PNC Bank ◆
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