



Educator of Excellence Award

Nomination Letter

PURPOSE: To recognize a former Independence Local School District faculty member/administrator who exemplified the true meaning of an educator through their dedication and devotion to the students of our school district.

GUIDELINES: Nominees selected must be able to **attend**, or send a representative to attend, all induction activities to be held at the Independence Alumni Association's March meeting. This person must have been an Independence educator/administrator for at least **5** years.

INSTRUCTIONS: Please complete the entire form and submit it by January 31. You may print or type your nomination. Additional pages may be appended, if necessary. Mail your information to Independence Alumni Association, 6001 Archwood Road, Independence, OH. 44131. eMail your electronic form to webmaster@ihsboosters.com or call 216.642.5882 with your questions. The review committee will send an acknowledgement of your nomination letter.

Candidate Information

Name _____

Position _____

Years of Service _____

Candidate Contact information (if known) _____

This person is worthy of consideration because _____

Nominee Information

How do you know this Independence educator/administrator?

Name _____

Phone # (_____) _____ eMail _____

___ Yes, I would be willing to speak at or assist in the presentation.