



Senator John A. DeFrancisco Award for Teaching Excellence 2014-15 Nomination

____ Administrator
____ Colleague/Teacher
____ Student

Nominee Information:

Name of Teacher: _____

School District: _____ Grade(s) Taught: _____

Subject(s): _____

Name of School: _____

Principal's Name: _____

School Address: _____

City: _____ Zip _____

Why is this person a Teacher of Excellence?

(Attach additional pages, if needed, and please limit responses to 400 words)

Your information:

Name: _____

Title: _____

Address: _____

Phone: _____ Email: _____

Return this form before April 1st to:
Senator John A. DeFrancisco
State Office Building, Ste. 800
333 East Washington Street
Syracuse, New York 13202
P: (315) 428-7632 F: (315) 472-4157