

**ARCHDIOCESE OF WASHINGTON  
CATHOLIC SCHOOLS OFFICE**

**GOLDEN APPLE AWARD  
NOMINATION FORM**

Name of Teacher Nominee:

\_\_\_\_\_

Nominator's Name:

\_\_\_\_\_

\_\_\_\_\_  
(Parent's Name if applicable)

- ☐ Parent & Student  
☐ Teacher

If an elementary student nominates a teacher, a parent must also sign the Nomination Form.

Nominated Before:    Yes    ☐    Year                      No    ☐

Nominator's  
Address:

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Nominator's Telephone Number    (    )    -

In a letter of recommendation, explain why you feel this teacher deserves a *Golden Apple Award*. Please give specific examples of the individual's unique qualities and teaching ability.

**Nominations must be submitted to the school principal by  
January 31, 2025.**