



# CALIBER AWARDS

## TEACHER OF THE YEAR APPLICATION FORM

TITLE      MR      MRS      MS      DR

NAME \_\_\_\_\_

NAME (SPELLED PHONETICALLY) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

TWITTER HANDLE \_\_\_\_\_

PERSONAL EMAIL \_\_\_\_\_

WORK EMAIL \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SCHOOL PHONE \_\_\_\_\_ SCHOOL FAX \_\_\_\_\_

CURRENT TEACHING FIELD \_\_\_\_\_

GRADE LEVEL \_\_\_\_\_

TOTAL YEARS TEACHING EXPERIENCE \_\_\_\_\_

TOTAL YEARS OF TEACHING IN FLORIDA \_\_\_\_\_

TOTAL YEARS IN CURRENT POSITION \_\_\_\_\_

FLORIDA TEACHING CERTIFICATE NUMBER \_\_\_\_\_

SUBJECT AREA(S) IN WHICH YOU HOLD A FLORIDA TEACHING CERTIFICATE

**Deadline for submitting the completed application packet to principal is Friday, September 27, 2024.**

For more information, visit [browardschools.com/caliber-awards](https://browardschools.com/caliber-awards).