

## APPLICANT INFORMATION

*TO BE ENTERED ONLINE during the submission process*

Nominee:	Years as a Magnet Teacher:
School:	Grade Level(s):
Website:	Region:
School District:	Magnet Theme(s):
Check one: <input type="checkbox"/> Elementary School <input type="checkbox"/> Secondary School (includes middle & high schools)	
Address:	City:
State:	Zip:
Phone:	Cell Phone:
Fax:	E-Mail:
<i>*I hereby verify that I, _____ (print name) am a certified / licensed teacher in the state of _____.</i>	
Signature: _____	Date: _____

*The Magnet Teacher of the Year Award will be announced at the National Conference on Magnet Schools in Chicago, Illinois.*

**DEADLINE FOR RECEIPT OR COMPLETED APPLICATION  
ON OR BEFORE:**

**TUESDAY, DECEMBER 12, 2017**

ALL APPLICATIONS MUST BE SUBMITTED ONLINE AT [WWW.MAGNET.EDU](http://WWW.MAGNET.EDU)