The Silver Apple Av	ward	3 SILVER	
A Teaching Award for Excellen		APPLE	
Nominee (teacher's name)			
School		Grade & Subject	
School Address			
City	Zip	Phone ()	
School District			
Nominated by (one student per application) _			Age
School			Grade
Home Address			
City			
Printed Name of Parent/Guardian			
Signature of Parent/Guardian*	om/silverapple, s, tell us "Why arental/guardia	and consents to his/her student's This Teacher Is Special." n consent and the school administ	participation in rator's signature, and
(Please print name and title of School Administrato	r)	(Phone	e)
Signature Note: All entries must be signed by a school admini Decision of the judges is final. Honorees will be ann			eing nominated).
Sponsored by:	il [°] az	Silver / 5555 N Phoen	return to: Apple Award Iorth 7th Avenue ix, Arizona 85013 17-3545 (fax)