



## Application for Teacher of the Year

Level:  Elementary (K-5)  Middle School (6-8)  High School (9-12)  Dance  
Education (K-12)  Adapted Physical Ed. (K-12)  Health Education (K-12)

### Nominee

\_\_\_\_\_

Title \_\_\_\_\_

Personal Email \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

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

School Phone \_\_\_\_\_

School Fax \_\_\_\_\_

School Email \_\_\_\_\_

Are you a current SHAPE MT Member? (check one) YES \_\_\_ NO \_\_\_

Have you received a SHAPE MT TOY at the same level (Elem/MS/HS) before? YES \_\_\_ NO \_\_\_

**Educational Information:**

College/University Major

Bachelors \_\_\_\_\_

Masters \_\_\_\_\_

Doctoral \_\_\_\_\_

Other \_\_\_\_\_

Teaching Certification/Licensure: \_\_\_\_\_  CAPE (Adapted PE only)

**Career Information:**

Position Location Length of Service

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Position Information**

School \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Principal \_\_\_\_\_ Email \_\_\_\_\_

Superintendent \_\_\_\_\_ Email \_\_\_\_\_

District Office Address \_\_\_\_\_

School Newspaper contact \_\_\_\_\_ Email \_\_\_\_\_

Local Newspaper contact \_\_\_\_\_ Email \_\_\_\_\_

Current teaching position is (check one): FULL TIME \_\_\_ or PART TIME \_\_\_\_\_

Please verify if at least 50% of your current position is spent teaching in a related field of Health and/or Physical Education. Check one. YES \_\_\_ NO \_\_\_

**Professional Activities** (conferences, trainings, presentations, etc.)

---

---

---

---

---

In addition to this application you will be expected to compile and submit:

**1. Publicity Form**

**2. Philosophy Statement**

A one-page, typed explanation of who you are as a Health and Physical Educator. What do you believe in and strive for as a teacher?

**3. 2 letters of recommendation**

**4. A Health/Physical Education lesson plan** including HPE standards met, objective/learning target, equipment needed, adaptations and explanation of the activity, time frame ex. 1 class period, and safety. If you are using a lesson from someone else, please cite your sources.

**Send all via email or regular mail by December 31:**

Teri Wilkinson - Awards Chair

P.O. Box 76

Noxon, MT 59853

[Mrsdub61@gmail.com](mailto:Mrsdub61@gmail.com)

