AAFCS
AMERICAN ASSOCIATION OF FAMILY & CONSUMER SCIENCES

CONNECTICUT AFFILIATE

TEACHER OF THE YEAR NOMINATION FORM

Date: _____

Nominee: _____

Home Address: _____

_____

_____

_____

Telephone: Home: _____ Work: _____

Cell: _____ FAX: _____

AAFCS Membership Number: _____

Employer: _____

Employer Address: _____

_____

_____

Position Title: _____

Identify colleges / universities you have attended. List the most recent first.

Degree	Major	Institution	Date Received

Professional Experience (list most recent first):

Position	Employer	Dates	Function / Responsibilities

Professional / Honorary Activities and Affiliations:

Organization	Year of Membership Positions Held/Honors Received

Special Awards or Honors:

Community Service or Special Service:

Brief statement in support of recommendation:

Nominating person:	
Telephone:	Email:
Signature	

All application must be post marked by March 15th

For help or information, please call: **Stephanie Fians at 203.258.7445**
or **e-mail** stephaniefians@gmail.com

Send Completed Application by March 15th to: **Stephanie Fians**
98A Seminole Lane
Stratford, CT 06614-8149

This form may be word processed, printed, signed and sent to the above address.