

ACKNOWLEDGMENT FORM

It is the responsibility of the teacher candidate to print this form, sign as candidate, obtain signatures from the school principal and county superintendent, and upload this document. Upon receipt, the West Virginia State Teacher of the Year Program Coordinator will sign it then obtain the signature from the State Superintendent of Schools.

Candidate: I hereby give my permission that any or all the attached materials (other than home address, telephone, SSN and DOB) may be shared with persons interested in promoting the State Teacher of the Year Program. I also acknowledge that if selected as the 2024 State Teacher of the Year, I will be released from classroom responsibilities during the year of my recognition to fulfill the obligations inherent in the honor including participation in the National Teacher of the Year Program.

Name of Candidate: _____

Signature of Candidate: _____ Date: _____

School Principal: I acknowledge that the nominee submits this application with my approval. If the nominee is selected as the 2024 State Teacher of the Year, he or she will be released from classroom responsibilities during the year of recognition.

Name of School Principal: _____

Signature of School Principal: _____ Date: _____

County Superintendent: I acknowledge that the nominee submits this application with my approval. If the nominee is selected as the 2024 State Teacher of the Year, he or she will be released from classroom responsibilities during the year of recognition.

Name of County Superintendent: _____

Signature of County Superintendent: _____ Date: _____

State Teacher of the Year Program Coordinator: I acknowledge that this application is accurate, and reflects the original content submitted by the CANDIDATE. I submit this candidate to the State Superintendent of Schools for submission to the National Teacher of the Year Program.

State Teacher of the Year Program Coordinator: Dr. Carla Warren

Signature of State Coordinator: _____ Date: _____