

Nomination Form – Outstanding New Teacher Award



Nominee:

Dr. Mr. Mrs.

Ms. Miss _____

_____ given name(s) _____ surname

Manitoba teaching certificate # _____ Grade level(s) _____

School _____ Division _____

Address _____

City/town _____ Postal code _____

Phone _____ Fax _____

E-mail address _____

Nominator:

Dr. Mr. Mrs.

Ms. Miss _____

_____ given name(s) _____ surname

School* _____ Division* _____

*if applicable

Address _____

City/town _____ Postal code _____

Phone _____ Fax _____

E-mail address _____

Signature _____ Date _____

We, the undersigned, endorse the nomination of _____ for this award.

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

NOMINATION DEADLINE: DECEMBER 15, 2006

Mailing address:
Selection Committee
Manitoba's Celebration of Excellence
in Teaching – Minister's Awards
Room 509
1181 Portage Avenue
Winnipeg, MB R3G 0T3

To request a nomination package, please contact:
Sandra Drzystek
Telephone: (204) 945-6916
Fax: (204) 945-1625
Toll Free: 1-800-282-8069 ext. 6916
E-mail: sdrzystek@gov.mb.ca
or visit: www.edu.gov.mb.ca/k12/proflearn/index.html

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