



# Virginia Council for the Social Studies

State Affiliate of the National Council for the Social Studies

## NOMINEE APPLICATION

Name		
Name of School		
Address	City:	Zip Code:
Telephone Number	e-mail address:	
School District/Affiliation		

### TEACHING EXPERIENCE:

Level/Grade <input type="checkbox"/> Elementary _____  <input type="checkbox"/> Middle School _____  <input type="checkbox"/> High School _____	Current Teaching Assignment:	Years Taught <input type="checkbox"/> 1-3 years <input type="checkbox"/> 4-7 years <input type="checkbox"/> 8-10 years <input type="checkbox"/> 11-15 years <input type="checkbox"/> 16 years and over	Professional Organizations:
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### PURPOSE:

To recognize exceptional classroom social studies teachers for grades K-12 who teach social studies regularly and systematically in school settings.

### CRITERIA:

Demonstrate exceptional abilities listed below:

1. Develop or use instructional materials creatively and effectively.
2. Incorporate innovative and verifiable effective instructional strategies and techniques.
3. Demonstrate an ability to foster the development of democratic beliefs and values, and the skills needed for citizen participation appropriate to students' grade level in classroom, school, and community settings.
4. Must be a current member of the VCSS (Membership link: [www.vcss.org](http://www.vcss.org)).

### EDUCATION:

– <b>UNDERGRADUATE DEGREE:</b> – College/University: _____ – Degree: _____ – Certifications: _____	– <b>GRADUATE DEGREE (If applicable)</b> – College/University: _____ – Degree: _____ – Area of Concentration: _____
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**APPLICANT NARRATIVE:** Describe how you meet the criteria listed above. You may choose a lesson that you feel exemplifies the criteria, or use a general narrative. The narrative should not exceed three one-sided, single spaced pages, 12 pt. font, one inch margins. The attachment of supplemental materials, evidence of staff development leadership, news articles and community involvement is optional.

### COMPLETED APPLICATION TO INCLUDE :

- \_\_\_\_\_ APPLICATION
  - \_\_\_\_\_ TWO NOMINATOR/REFERENCE FORMS:
    - ONE FROM A DISTRICT REPRESENTATIVE OR AN IN SCHOOL SUPERVISOR
    - ONE FROM A TEACHER OR PARENT FAMILIAR WITH YOUR INSTRUCTION.
- APPLICATION MUST BE SUBMITTED (POSTMARKED) BY JUNE 30<sup>TH</sup>. SEND COMPLETED APPLICATIONS TO: