



STARKVILLE FOUNDATION FOR PUBLIC EDUCATION
PAUL CUICCHE INNOVATIVE EDUCATOR AWARD
NOMINATION FORM

Please email the completed form to starkvillefoundation@gmail.com . Nominees must be currently employed by the Starkville Oktibbeha School District.

COMPLETE NAME OF TEACHER

First Middle Last

TEACHING POSITION: _____

NOMINEE'S SCHOOL: _____

NOMINATOR: _____

NOMINATOR'S ADDRESS: _____
Address

City State Zip

NOMINATOR'S PHONE: _____

NOMINATOR'S EMAIL: _____

RELATIONSHIP TO NOMINEE: (Check one)

Fellow teacher

Current student

Former student

Parent of a student

Administrator

Other _____
Specify



STARKVILLE FOUNDATION FOR PUBLIC EDUCATION
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NOMINATION FORM continued

DESCRIPTION OF NOMINEE'S CONTRIBUTION: *(To be completed by the nominator)*

General statement on nominee and reasons for nominating (may attach a separate document if necessary)
