



## Nomination for GWRC Reading Teacher of the Year



### Description/Overview:

Each local council of VSRA is challenged to select its “most outstanding teacher of literacy.” This award recognizes a teacher whose commitment to literacy is exemplary and unparalleled. The GWRC Teacher of the Year Committee will review all information received, convene a selection meeting, select our local winner, and will forward the winning recipient’s application on to VSRA for consideration for the OFIE T. RUBIN READING TEACHER OF THE YEAR AWARD.

### Eligibility:

The candidate must be a member of the local reading council for at least one year prior to selection. The candidate must teach reading a minimum of one-third of each school day to students within the grade range grades K-12.

**Due Date: November 10, 2014**

**Instructions/Requirements:** Items B-E typed in at least a 12 point font size. Identifying information (name, school name) must be omitted from documentation except for required on items B, F, and G. Application should be submitted in this order.

**A. Applications for Nomination, both GWRC and VSRA.**

**B. Candidate's vitae, limited to 2 pages:** Include educational background, professional experience (last five years), publications, and affiliations.

**C. Attach a *one-page* philosophy of reading/literacy education.**

**D. On one page, explain how the \$500.00 VSRA OFIE T. RUBIN PROFESSIONAL DEVELOPMENT AWARD would be used** (monetary award given only to the VSRA Teacher of the Year recipient; <http://www.vsra.org/ags.htm>).

**E. Two letters of recommendation not to exceed 2 pages each, two sets.** These letters from supervisors, parents, or colleagues should not have the candidate’s name or name of school. This is to ensure that only the merits and efforts of the candidate are being considered. One letter **must** be from a current GWRC member. Two sets are requested, one for the GWRC committee and one for the VSRA committee.

**F. Digital and print photographs.** One photograph on digital disc (jpg file) and one printed copy must include candidate's name, address, and local council on the back. Photographs will be used with both GWRC and possibly with VSRA.

**G. Membership Verification Form.** This form will be completed by the current GWRC President and Membership Chairs and added to the completed candidate packet. The verification assures that the candidate has been a member of the local and state councils for the year prior to nomination and during the current year of nomination.

**Please note: Nomination packets containing notebooks, more than two letters of support, or any material other than that requested will not be considered.**

**Mail Nomination Packet To:**

**Stephanie Fidler**  
17165 Magic Mountain Dr.  
Round Hill, VA 20141

Must be postmarked by: **November 10, 2014**



# Nomination for GWRC Reading Teacher of the Year 201\_\_-201\_\_



**Name:** \_\_\_\_\_

**Title/Position:** \_\_\_\_\_

**School Division:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Home Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Nominator:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Day Phone:** \_\_\_\_\_

**Evening Phone:** \_\_\_\_\_

*The GWRC Reading Teacher of the Year will be recognized at the annual Fall Conference.*

**OFIE T. RUBIN READING TEACHER  
OF THE YEAR APPLICATION**



**Year:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone numbers:** (H) \_\_\_\_\_ (W) \_\_\_\_\_

**Fax number:** \_\_\_\_\_

**Present Title/  
Position:** \_\_\_\_\_

**Email Addresses:** (H) \_\_\_\_\_ (W) \_\_\_\_\_

*The Ofie T. Rubin Reading Teacher of the Year recipient will be recognized at the annual VSRA conference.*

**Membership Verification**  
**for GWRC Reading Teacher of the Year \_\_\_\_\_**

**Nominee's Name:** \_\_\_\_\_

**Verification:**

I verify that the above named nominee is a member of the **Greater Washington Reading Council (GWRC)**  
for at least one year. The nominee will be able to attend the VSRA Conference (yes or no) \_\_\_\_\_

Date \_\_\_\_\_ in \_\_\_\_\_ (place).

Local Council President's Signature \_\_\_\_\_

Local Council President's Printed Name \_\_\_\_\_

*This document is to be completed by the current GWRC President and Membership Chair.*