

Christian Education Council

Sabbath School Teacher of the Year Nomination Form

Nominee Information

Nominee Name

Nominee Address

City, ST Zip Code

Phone 1 | Phone 2

Email

Nominee's Teaching Experience and Outstanding Traits

Below, please give a summary of the nominee's Sabbath School Teaching Experience, including length of service and the classes taught and roles held to the extent that is possible. In addition, please highlight teaching methods and strategies which the teacher uses which are unique or especially effective. Please use additional attached sheets if necessary.

Other Information

Please give a brief biography of the candidate:

Please detail the nominee's other Christian service:

Please include any other additional information about outstanding characteristics or commitments the teacher has which you think we should consider (Sabbath convictions, evangelistic success, discipleship success, etc.) Please use additional sheets if necessary.

Also, please attach comments from students or parents (if the teacher teaches children primarily) about the teacher's impact on their lives (or the lives of the children) and the overall health of their church.

Title / Position :

Date:

Title / Position :

Date:

Above, please include the signatures of the nominating parties (2 signatures required; pastor, moderator, SS superintendant, CE chair, deacons, etc.) as well as the date.

Please mail (to the address on the right) or email chroniger@gmail.com this completed form.

Attn: Peggy Chroniger
5940 St Rt 21
Alfred Station, NY 14803

Additional Comments

Student Testimonials

Student Testimonials