

**DISTINGUISHED TEACHER
NOMINATION FORM
EPSILON CHAPTER**

Nominee's Name: _____

Address: _____

School: _____

School Address: _____

Position/Title: _____ Since: _____

Program Currently Teaching and Duties:

Number of Years ILS Member _____ Date Initiated: _____ Present Chapter _____

Attach other required information to this form (see description of award)

~Endorsements~

Nominator: _____ Signature: _____

Address: _____

Phone: _____ Date: _____ Chapter Name: _____

Co-Nominator: _____ Signature: _____

Address: _____

Phone Number: _____ Date: _____ Chapter Name: _____

Mail completed packet to the Epsilon Chapter Awards Chairperson