

DO YOU KNOW A PERSON OR BUSINESS IN YOUR COMMUNITY THAT SHOULD BE RECOGNIZED

FOR SUPPORTING PUBLIC EDUCATION

?

DOES YOUR LOCAL CHAPTER OR

SERVICE CENTER COUNCIL HAVE A

PROGRAM IN PLACE TO HONOR THEM

?

IF NOT, CONSIDER USING THIS GUIDE TO CREATE LOCAL AND REGIONAL GOLD AWARDS IN ORDER TO SAY THANK YOU TO OUR SUPPORTERS.

ALL INFORMATION IS AVAILABLE FOR DOWNLOAD AT [**WWW.CTA.ORG/GOLDAWARDS**](http://WWW.CTA.ORG/GOLDAWARDS)

USING THE STATE GOLD AWARDS AS A GUIDE

YOU CAN CREATE LOCAL CHAPTER AND SERVICE CENTER LEVEL AWARDS

**SAMPLE GOAL:** Recognizing individuals, businesses and organizations that make significant [regional or local] contributions to public education in [region or local community].

**SAMPLE PURPOSE:** The Gold Award(s) may be bestowed upon any person(s) or organization(s) whose leadership, acts and sup­port have had a positive [**regional** or **local**] **impact** on public education in [region or local community].

**SAMPLE QUALIFICATIONS:** Supporting materials should indicate how the nominee’s program and/or leadership made a [**regional** or **local**] **impact** on public education in [region or local community].

* The nominee does not have to reside in California.
* Nominations for the Gold Awards can be made in two (2) non­member categories: businesses and non-profit or community organiza­tions.

**SAMPLE PROCEDURES (USING STATE GOLD AWARDS AS A GUIDE):**

1. Any CTA affiliate or member may place a name(s) in nomination.
2. Nomination form templates will be prepared by the CTA Communica­tions Department. You can download at [www.cta.org/goldawards](http://www.cta.org/goldawards).
3. Notice of the [Region or Local] Gold Awards Program, its purpose, and its deadlines shall be advertised at the beginning of the school year.
4. Completed nomination forms and all supporting materials must be received by the application deadline.
5. A [region or local] committee shall review the nominations and select winners.
6. [Quantity] State Gold Award will be awarded for each category (business and non-profit).

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GOLD AWARDS NOMINATION FORM

This form must be completed and submitted together with supporting materials either by mail to [address]or by email to [email address]**,** no later than [deadline].

For questions about eligibility, the categories or other specifics of the [Region or Local] Gold Awards Program can be directed to [regional or local contact]**.**

I/We nominate the following individual(s)/or organization(s) for a [Region or Local] Gold Award.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Nominator: |  | | |
| Telephone: |  | Email: |  |
| Chapter and position: |  | | |
| Chapter Address: |  | | |
| Chapter City & Zip: |  | | |

AWARD CATEGORY (Please check one)

* Person(s) or Organization(s) from a business
* Person(s) or Organization(s) from a non-profit or community organization

|  |  |
| --- | --- |
| nOMINEE: |  |
| Organization: |  |
| TELEPHONE: |  |
| Address: |  |
| City & Zip: |  |

SUPPORTING DOCUMENTATION (Required)

Include the answers to the following questions and supporting materials when you submit your awards nomination. (Please answer these questions on the back of this form.)

1. Why does your nominee deserve a [YEAR] [Region or Local] Gold Award?
2. What is the statewide impact your nominee has had on public education in our [region or community]?

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GOLD AWARDS NOMINATION FORM

|  |
| --- |
| Why does your nominee deserve a [YEAR] [Regional or Local] Gold Award? |
| What is the [regional or local] impact your nominee has had on public education in our [region or community]? |

**MAIL OR EMAIL NOMINATION FORMS TO:**

|  |  |
| --- | --- |
| Chapter and contact: |  |
| address: |  |
| City & Zip: |  |
| email: |  |
| Questions? | insert name and number |