**Dr. Ben Eggers Outstanding Lutheran Educator School Educator Award**

**Nominee Biographical Information**

|  |  |
| --- | --- |
| Nominee Name |  |
| Current School |  |
| School City, State |  |
| Current Teaching level (check one) | \_\_\_ Early Childhood\_\_\_ Grades K-12\_\_\_ Administration |
| Briefly describe the nominee’s impact in his or her **school**: |  |
| Briefly describe the nominee’s impact in his or her **church**: |  |
| Briefly describe the nominee’s impact in his or her **community**: |  |

Information about you (the person submitting this information):

|  |  |
| --- | --- |
| Your Name: |  |
| Your Church/School: |  |
| Your email address: |  |
| Your phone number: |  |

**Only electronic submissions are accepted.** Save this form and send it with accompanying letters of support via email attachments to FLGA District School Ministries at: lvoss@flgadistrict.org

Questions? Call 407-857-5556 Ext 3

**All nominations are due by August 31**