

## **SCCTE New Member Award**

**Purpose:** SCCTE wishes to recognize and celebrate outstanding new members of the organization.

**Who Can Participate:** All member of SCCTE and NCTE who have been members and teachers no more than 5 years.

**Number of Awards:** One individual will be selected and recognized.

**Award Specifics:** Each recipient will be recognized at the SCCTE annual convention in January and will receive a certificate and \$500 toward attendance at NCTE annual convention in November of the following year.

**Award Criteria:** Each entrant will be nominated by an individual or group of individuals and complete the Nomination Form.

**Honoree Supporting Data:** The nominating individual or group is responsible for submitting the honoree's resume, transcripts, and letters of support from at least **TWO** different constituencies – professor, administrator, supervisor, chairperson, peer, parent or student – about dedication to the teaching profession and excellent scholarship in and out of the classroom associated with ELA exhibited by the recipient. These items, including the Award Information Form, will be forwarded to the award administrator for this honor.

**Deadline:** Documentation should be sent to the award administrator by **March 1** of each year. Materials should be sent to the address on the current nomination form.

**DEADLINES: DOCUMENTATION SHOULD BE SENT BY MARCH 1 TO:  
SCCTE New Member Award, Sara Biltz, 23 Glenhawk Loop, Irmo, SC  
29063 or by email to [Sbiltz@sc.rr.com](mailto:Sbiltz@sc.rr.com)**

**SCCTE New Member Award**

**Nomination Form**

**Please Print this form**

Name of Nominee: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_

Phone: (O) \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Years of Teaching: \_\_\_\_\_

Name & Address of Nominee's School: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School Phone: \_\_\_\_\_

School Fax: \_\_\_\_\_

Contact Person Responsible for Nomination: \_\_\_\_\_

Address of Contact Person: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ Phone: (O) \_\_\_\_\_

Email: \_\_\_\_\_

**This completed form along with nominee supporting data listed on previous pages must be sent to:  
SCCTE New Member Award, Sara Biltz, 23 Glenhawk Loop, Irmo, SC 29063, No  
later than December 1.**

