

**ACTFL  
National Language Teacher of the Year**

**Nomination Cover Page**

**This form should be completed by the state organization.**

**Candidate Information**

\_\_\_\_\_  
Name of Candidate

\_\_\_\_\_  
Institution/Position

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home or cell phone

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Fax

**Nominated by**

State: \_\_\_\_\_

**Contact Information:**

\_\_\_\_\_  
Regional Officer/Designee

\_\_\_\_\_  
Institution/Position

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Work phone

\_\_\_\_\_  
Home or cell phone

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Fax

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