



**2017-2018
Michigan Teacher of the Year (MTOY)
APPLICATION PART A**



SIGNATURE PAGE

Applicant's Name: _____

Email Address: _____ **Phone #:** _____

Home Address: _____

School Name: _____ **# of Students in School:** _____

School Profile (check one): Urban Suburban Rural

District Name: _____ **# of Students in District:** _____

Major Subject Area(s) (if any): _____ **Grade Level(s):** _____

Total Years of Teaching Experience: _____ **Years in Present Position:** _____

Teaching Certificate Number: _____

I hereby give permission for any or all application materials (except for home address and telephone number) to be shared with person(s) interested in promoting the 2017-2018 MTOY Program.

Applicant's Signature: _____ **Date:** _____

SCHOOL PRINCIPAL

I hereby acknowledge that this applicant, with my approval, is submitting a 2017-2018 MTOY Application.

Principal Name: _____

Signature: _____ **Title:** _____ **Date:** _____

School Name: _____ **City:** _____

Email Address: _____ **Phone #:** _____

DISTRICT SUPERINTENDENT

I hereby acknowledge that this applicant, with my approval, is submitting a 2017-2018 MTOY Application.

Superintendent Name: _____

Signature: _____ **Title:** _____ **Date:** _____

District Name: _____ **City:** _____

Email Address: _____ **Phone #:** _____

APPLICATION PART A INSTRUCTIONS

- Line spacing: double spaced – *application will not be accepted if it is not double spaced*
- Font and size: Arial or Verdana, 11 or 12
- One inch margins
- Sections I, II, III on separate pages in one file
- Include your name at the top of the page and also include the bold headings prior to answer (Educational History and Professional Development Activities or Professional Biography)

PLEASE SUBMIT ALL COMPLETED documents in the following order and *E-Mail* to: MTOY@michigan.gov by December 16, 2016, at 11:59 p.m.

1. **SIGNATURE PAGE:** Scan and save in PDF format. Applicant must have official signature of the school principal and the district superintendent.
2. **APPLICATION:** (Sections I-III) Save Application as YourName.doc or YourName.docx
3. **LETTERS OF SUPPORT:** Must be scanned and emailed with your application. Provide three (3) Letters of Support only, including contact information, from any of the following: principal, superintendent, administrator, colleague, student/former student, parent, or civic leader. You may include no more than one student/former student letter. Each letter **MUST** be addressed to the *Selection Committee*, be signed properly, and only be one (1) page long.
4. **VIDEO COMPONENT:** The video component consists of a recording of the applicant answering the following question: What makes you an outstanding teacher? The video will be a minimum of ninety seconds and a maximum of two minutes. Videos should be uploaded to YouTube, TeacherTube, or Vimeo.¹ The video must be of the applicant only, no testimonials from colleagues, supervisors, parents, or students. When submitting your application, insert the direct link into your application document. If you are password protecting the video, please include the password instructions.

QUESTIONS

If you have any questions, please contact Jennifer Robel at mtoy@michigan.gov or 517-373-9661.

¹ File sharing sites such as Dropbox or Google Drive are not permitted.

APPLICATION PART A

I. Educational History and Professional Development Activities *(1 or 2 pages)*

- a. Beginning with most recent, list colleges and universities attended, including postgraduate studies and indicate the degree(s) earned and the dates of attendance.
- b. Beginning with most recent, list teaching employment history, indicating the time period, grade level(s), and subject area(s).
- c. Beginning with most recent, list professional association memberships, including information regarding offices held and other relevant activities.
- d. Beginning with most recent, list staff development leadership activity and leadership activity in the training of future teachers.
- e. Beginning with most recent, list awards and other recognitions of your teaching.

II. Professional Biography *(1 or 2 pages)*

What factors influenced you to become a teacher and describe what you consider to be your greatest contributions and accomplishments in education.

III. Video Component – What Makes You an Outstanding Teacher?

The video component consists of a recording of the applicant answering the following question: What makes you an outstanding teacher?

The video will be a minimum of ninety seconds and a maximum of two minutes. Videos should

be uploaded to YouTube, TeacherTube, or Vimeo.² The video must be of the applicant only, no testimonials from colleagues, supervisors, parents, or students.

When submitting your application, insert the direct link into your application document. If you are password protecting the video, please include the password instructions.

When submitting your application, insert the direct link to the video here:

Uploaded Video Link:

² File sharing sites such as Dropbox or Google Drive are not permitted.