



SCIENCE TEACHERS ASSOCIATION OF NEW YORK STATE

Excellence in Science Teaching Award

This application, together with all supporting documents, must be received by
JULY 1st of the year of the award

Submit your entry in duplicate to:

Michael Hanophy-Awards Chairperson
47 Grant Avenue, Albertson, NY 11507

Name _____

Address _____

E-mail Address _____

STANYS Section of Membership _____

Home Phone Number _____

Full Name of School _____

School Address _____

School Phone Number _____

School Data: Total enrollment _____ Grades in school _____

Type of school (check one) Public _____ Private _____ Other _____

(check one) Urban _____ Suburban _____ Rural _____ Other _____

In the space below, write a brief description of the type of school system in which you work.

Check the Level for this Application:

Elementary _____ Intermediate _____ High School _____