

The NEA Foundation Awards for Teaching Excellence Data Sheet

State, Federal, or Direct Affiliate Information

President: _____ Affiliate Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Awardee Information

Awardee: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

School/Institution: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Job Title: _____

For teachers, what do you teach? Subject(s): _____ Grade(s): _____

For K-12 educators, Title 1 status of school: _____

Awardee Information Request

How would you describe yourself? Choose one or more from the following ethnic or racial groups.

American Indian or Alaska Native

Asian

Black or African Amer

Hispanic or Latino (A person of Spanish culture or origin regardless of race)

Native Hawaiian or Other Pacific Islander

White or Caucasian

Other (Please specify): _____

Prefer not to answer

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**THE VOICE FOR PROFESSIONAL
EDUCATORS AND STUDENTS**

Awardee's Employer Information

Superintendent or Institution President: _____

District or Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Principal or Dean: _____

School or College: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Local Affiliate Information

President: _____ Affiliate Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____