

# Time to Care



## TIME TO CARE ABOUT EDUCATION AWARD Nomination Form

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

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Nominator's Name & Phone # \_\_\_\_\_

What has the nominee done to impact the community? \_\_\_\_\_

\_\_\_\_\_

Is the nominee a student, teacher or education administrator? \_\_\_\_\_

\_\_\_\_\_

What school does he/she work for or attend? \_\_\_\_\_

\_\_\_\_\_

Why should the nominee be selected as the Time to Care About Education Award Winner? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please complete this form in its entirety. Use additional sheets if needed.

**RETURN TO:**

**Time to Care About Education Award**  
C/O WRDW-TV News 12  
Post Office Box 1212  
August a, GA 30903-1212

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