

(please disregard this form if your school nominated a teacher when you registered)

**2004 AMC 8**

**XIII. SLIFFE NOMINATION FORM  
for the**

**EDYTH MAY SLIFFE AWARD**

**f o r**

**D I S T I N G U I S H E D M A T H E M A T I C S T E A C H I N G**

(please print all information clearly)

Name of School Nominated Mathematics Teacher: \_\_\_\_\_

Only one name may be submitted from your 2004 AMC 8 registered school, and it should be the mathematics teacher who has been identified with the success of the students on the AMC 8. If you nominated a teacher during the registration process, you do not need to fill this out now. The teacher must be currently employed by the participating school from which the student answer forms have been submitted. **Please do not hesitate to list your own name. Past recipients are ineligible.**

School ID #: \_\_\_\_\_

School Name: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

School Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

*NOTE: Teachers are eligible for the Sliffe Award, provided their school has participated in the AMC 8 for three consecutive years. Approximately fifty awards (five from each of ten USA regions) are given. The award includes \$100, a Sliffe pin, a certificate and a 1-year membership in the National Council of Teachers of Mathematics. Selection is based on averaging the scores of the top three students in each participating school over a three year period.*

**Please return this form in your AMC 8 REPORT ENVELOPE.**