

PRINT**SAVE**

2026-27 Contra Costa County Teacher of the Year

APPLICATION COVER PAGE

(Please type all responses.)

Applicant's Name

Home address, City, Zip Code

Current major subject area, if any

Grade level taught

Total years
teaching
experienceYears in
current
position

Home Telephone

Email Address

Summary of colleges and universities attended, degrees earned, and dates

I hereby give my permission for all or any part of this application to be shared with persons interested in promoting the California Teachers of the Year Program.

(Signature of applicant)

Name of school

Type of school: Urban Suburban Rural

School enrollment: _____

School address, City, Zip Code

School telephone

School principal's name / email

Principal's signature

Name of school district

Total enrollment: _____

District address, City, Zip code

District telephone

Name of superintendent

Superintendent's signature

By **March 16, 2026**, please email this completed application along with essays and letters of support to The Contra Costa County Office of Education Communications Office, at: communications@cccoe.k12.ca.us