

**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 experience	Years 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: <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> 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](mailto:communications@cccoe.k12.ca.us)