**The Eaquals Teacher Award - Application Form 2025 – Cover Sheet**

|  |  |
| --- | --- |
| **APPLICANT NAME**  |  |
| **APPLICANT EMAIL ADDRESS** |  |
| **APPLICANT INSTITUTION** |  |

**SECTION 1:** **CV (required)**

Please tick to confirm CV has been submitted. 🗌

**SECTION 2: Video (required)**

Please tick to confirm video has been submitted. 🗌

Please confirm if video has been submitted via an attachment file 🗌 OR via online transfer 🗌

**SECTION 3: Letter of Recommendation (required)**

Please tick to confirm letter has been submitted. 🗌

**SIGNED** (Printed name accepted):

**DATE OF SUBMISSION**:

Please send applications to info@eaquals.org with the subject line “**Eaquals Teacher Award + NAME**”