HELPING HANDS AWARD
NOMINATION FORM

*All Applications must be received by the Ohio PTA by March 1
Nomination form deadlines and procedures vary by PTA District. Please contact your
District Advisor for information. * If your District does NOT have an advisor, please
contact the Vice President of Field Service.

Ohio PTA District Number __________

Eligibility
Nominees may include anyone working on behalf of children and youth excluding certified educators.

Selection Guidelines
- Nominee must be a PTA member of a unit in good standing.
- Nominee must provide PTA involvement and support.
- Nominee must have made a positive impact on the lives of children.
- Nominee must have participated in activities involving children and youth.
- Nominee must be dedicated to the PTA Mission and Purposes of PTA.

PTA Purposes
- To promote the welfare of children and youth in home, school, community and place of worship.
- To raise the standards of home life.
- To secure adequate laws for the care and protection of children and youth.
- To bring into closer relation the home and school, that parents and teachers may cooperate intelligently in the education of children and youth.
- To develop between educators and the general public such united efforts as will secure for all children and youth the highest advantages in physical, mental, social, and spiritual education.

1. Basic information about the nominee:
   Name:
   Phonetic pronunciation:
   Home Address:
   Home Telephone:
   Email Address:
   Family information:
   School name: (if applicable)
   School address:
   School District Name:
   PTA Unit where current membership (s) is held:
   PTA Council (if applicable):
   PTA Unit/Council submitting nomination:
   PTA contact person's name:
       Address
       City, zip code
       Telephone
       Email Address:
Helping Hands Award

1. FORMAL INFORMATION (USE ONLY THE SPACE PROVIDED (THIS SIDE ONLY))

PROFESSIONAL ORGANIZATIONS:

HONORS AND AWARDS:

CIVIC AND COMMUNITY INVOLVEMENT:
2. Statement of recommendation by submitting PTA unit or council. (300 words or less)

Recommended by: _________________________________     ________
(Signature)                                                 (Date)
Helping Hands Award  (Nominee’s involvement)

3. List and describe nominee’s PTA involvement and support. (300 words or less)

Nominee’s Signature: _________________________________       _______  
(Date)