2020-21 HELPING HANDS AWARD NOMINATION FORM

DUE DATE - Check with your District Advisor
or VP of Leadership if you don’t have a District Advisor.

Selection Guidelines

Nominee:

- may include any member of your PTA who goes above and beyond
- must be involved in and support your PTA
- has made a positive impact on the lives of children
- is dedicated to the mission of PTA (to make every child’s potential a reality by engaging and empowering families and communities to advocate for all children)

Nominee Name ______________________________________________________________

Nominee Phone ____________________ Email ____________________________________

PTA Unit _________________________________________ Ohio PTA District # ________

PTA Contact Person’s Name _________________________________________________

PTA Address _________________________________________________________________

PTA Contact Person’s Phone ________________ Email ____________________________

Please attach a typed statement stating how the nominee’s PTA involvement has impacted the lives of children and youth. (300 words or less)

PTA Contact Person’s signature __________________________________________

Please email your district advisor, view a current list of emails here
www.ohiopta.org/board-of-directors/

Note: Email VP of Leadership if you do not have a district advisor