



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