



***Please complete and attach this cover sheet to your application***

**Please type or print all information other than signatures.**

**Name of Nominee:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**PTA Unit Name:** \_\_\_\_\_ **Unit Code:** \_\_\_\_ -- \_\_\_\_

**Name of PTA President:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Signature of PTA President:** \_\_\_\_\_

**CHECKLIST: (Check off the items as you complete them)**

**These items MUST BE INCLUDED and MUST be completely filled in as requested. Failure to complete ANY of the items will disqualify your entry.**

- ☐ **Name of Nominee**
- ☐ **PTA/PTSA Unit/ Council Number**
- ☐ **Name, Address, Phone Number and Email Address of PTA President**
- ☐ **PTA President's Signature – *typed or electronic signatures will not be accepted***
- ☐ **Completed Application**
- ☐ **Required Supportive Material (TWO Letters of commendation)**

**Due Date: Postmarked to Region PTA Director by June 15**

[Contacts-Region Directors - NYS PTA](#)

|                                        |                          |            |                          |            |
|----------------------------------------|--------------------------|------------|--------------------------|------------|
| <b>FOR<br/>OFFICE<br/>USE<br/>ONLY</b> | <input type="checkbox"/> | Bylaws     | <input type="checkbox"/> | IRS Status |
|                                        | <input type="checkbox"/> | Insurance  | <input type="checkbox"/> | Officers   |
|                                        | <input type="checkbox"/> | Membership |                          |            |

# **APPLICATION**

**Information about the Nominee**

**Current PTA Position:**

**Previous PTA Officer/Chair Positions Held:**

**Leadership Is:**

- inspiring others to volunteer
- encouraging others to develop and show leadership skills (such as creating or participating in new programs that affect the quality of the school or that improve administrator/staff/parent relationships)
- mentoring new units
- promoting respect for the work of the PTA
- engaging others in leadership roles

**List THREE or more different examples of leadership qualities demonstrated by the nominee within the PTA:**

**1.**

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**2.**

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**3.**

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**Other:**

**List examples of the nominee's volunteer service beyond the scope of the PTA position, inside or outside of your unit.**

Please list leadership examples other than those resulting from the Nominee's PTA position:

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**ONLY a PTA, PTSA, SEPTA Unit or Council in good standing, Region PTA, or the NYS Board of Directors may submit this application.**

**Please be sure your Unit/Council's Bylaws, Insurance, Membership, IRS status, and Officers are up-to-date.**

**Attach TWO statements describing why the Nominee is deserving of this award- one from an officer of the PTA and the other from the principal/superintendent or another PTA officer.**

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*Thank you for taking time to recognize a deserving leader in your PTA!*