



# OUTSTANDING DISTRICT EDUCATOR NOMINATION FORM

**\*Due Date\* Check with your District Advisor or VP Field Service  
(if you have no district advisor) for the due date.**

*(Fillable Form on the Ohio PTA website under the Awards Tab)*

**Ohio PTA District Number** \_\_\_\_\_

### *Eligibility*

Nominees may include principals, superintendents, teachers, counselors, librarians, and other **certified educators**.

### *Selection Guidelines*

- ' Nominee must be a PTA member of a unit in good standing.
- ' Nominee must be involved with the educational process of students as a **certified** educator.
- ' Nominee must have participated in activities involving youth.
- ' Nominee must be dedicated to the PTA Mission and Purposes of PTA.
- ' Nominee must provide PTA involvement or support.

### *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.
- ' To advocate for fiscal responsibility regarding public tax dollars in education funding

## **1. BASIC INFORMATION ABOUT THE EDUCATOR**

Name: \_\_\_\_\_ Phonetic pronunciation: \_\_\_\_\_

Preferred telephone: \_\_\_\_\_

Family information: \_\_\_\_\_

School name: \_\_\_\_\_

School address: \_\_\_\_\_

School District name: \_\_\_\_\_

PTA Unit where **current** membership (s) is held: \_\_\_\_\_

PTA Council (if applicable): \_\_\_\_\_

PTA Unit/Council submitting nomination: \_\_\_\_\_

Current educational position: \_\_\_\_\_

PTA Contact person's name: \_\_\_\_\_

Address: \_\_\_\_\_

City, zip code, telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**2. STATEMENT OF RECOMMENDATION- PTA involvement, innovative programs and support for PTA activities. (300 WORDS OR LESS)**

**Recommended By:** \_\_\_\_\_

**Nominee Signature:** \_\_\_\_\_