



every child. one voice.

PTA MEMBER OF THE YEAR

NOMINATION FORM

Nominator's Local Unit/Council Name Michigan ID# (six digits)
Nominator's Name Principal's Name
Nominator's Address City Zip
Nominator's Phone (Day) (Evening) Nominator's E-mail
Nominee
Nominee's Address City Zip
Nominee's Phone (Day) (Evening) Nominee's E-mail
Years active in PTA: 1-2 3-5 6+

Signature of Local PTA President & Date

Signature of Principal or Superintendent & Date

Requirement Checklist: Following are procedures local units/councils must follow in submitting applications to the state office. Entries will be disqualified if the following requirements are not met.

Eligibility - these criteria must be described in the written explanation

- PTA/PTSA Unit Member
Members of the Michigan PTSA Board of Directors are not eligible
PTA/PTSA Honors or Awards
Service to PTA/PTSA
Service to the community
PTA/PTSA Unit in good standing
Any other Honors or Awards

Nomination Form

- Typed (no smaller than 11-point) and attached to entry
Correct Michigan PTA/PTSA ID number
Signed with original signatures of local PTA president and School official and dated

Explanation

- Submitted on one side of 8 1/2" x 11" sheets of plain white paper
Typed in black (no smaller than 11-point)
Double-spaced with one-inch margins on all sides
Nominee's name must appear at the top of each page along with page numbers

Submission

- No binder, covers, or colored paper
No facsimiles (faxed copies) or e-mailed applications will be accepted.
Submit original entry and 5 copies - each set paper clipped. Do not staple.
Must be received by the state office on or before February 28th

Return Nomination Form and all required documentation to:
MPTSA Awards Committee
3300 Washtenaw Ave. Suite 220
Ann Arbor, MI 48104-4294
Phone: 734-975-9500

*****FOR OFFICE USE ONLY*****

Rec'd Unit Dues Budget Audit Bylaws # of Members