**2022-2023 HELPING HANDS AWARD NOMINATION FORM**

DUE DATE - Check with your Region Advisor

**or** submit to VP of Field Service by March 15, 2023

**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 Region # \_\_\_\_\_\_\_\_

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 Region Advisor, view a current list of emails here** [**www.ohiopta.org/board-of-directors/**](http://www.ohiopta.org/board-of-directors/)

***Note: Email VP of Field Service if you do not have a Region Advisor***