School administrators play an important role in the success of local unit PTAs. A good working partnership between PTA and a school administrator can improve family engagement and child and youth advocacy. Tell us how your nominee demonstrates their support of PTA and what makes him or her outstanding.

**Award Criteria**

- Application forms must be complete and received in the Tennessee PTA office no later than March 1st.
- Nominee must be a member of a PTA/PTSA in Tennessee.
- A descriptive narrative with a limit of 500 words must include:
  - How the administrator encourages community (other than families) involvement in the school.
  - How the administrator participates in PTA/PTSA activities, events, and programs in addition to attendance at regular meetings.
  - How the administrator has promoted PTA membership
  - How the administrator promotes the PTA purposes. (Listed below)
  - Any additional information to support the nominee.

**PTA Purposes**

To promote the welfare of children and youth in home, school, places of worship, and throughout the community;

To raise the standards of home life;

To advocate for laws that further the education, physical and mental health, welfare, and safety of children and youth;

To promote the collaboration and engagement of families and educators in the education of children and youth;

To engage the public in united efforts to secure the physical, mental, emotional, spiritual, and social well-being of all children and youth; and

To advocate for fiscal responsibility regarding public tax dollars in public education funding

**Winners will:** Receive recognition at the annual Tennessee PTA convention and their name will be included in the convention program.
OUTSTANDING SCHOOL ADMINISTRATOR
Award Information and Application

Name of Administrator _______________________________________________________

Name of School or School District _____________________________________________

Position Held _______________________________________________________________

Number of Years as an Administrator __________________________________________

Member at _______________________________ PTA/PTSA

Name of PTA/Council _________________________________________________________

Name of PTA President _______________________________________________________

Name of Person Submitting Application _________________________________________

Email _________________________________________________________________

Phone Number ___________________________________________________________

Does the administrator participate in PTA/PTSA activities in the following? (Circle one)

Attends local PTA unit meetings

Regularly  Occasionally  Never

Attends Council meetings (if applicable)

Regularly  Occasionally  Never

Attends PTA Regional meetings and/or training

Regularly  Occasionally  Never

Attends State PTA Convention

Regularly  Occasionally  Never

Attends National PTA Convention

Regularly  Occasionally  Never

This application plus the descriptive narrative must be received in the Tennessee PTA Office no later than March 1st.

Tennessee PTA
1905 Acklen Ave
Nashville, TN 37212

FOR OFFICE USE ONLY

Received Date ___________________________  □  Narrative Included

Good Standing Status

Number of Members Submitted as of December 1 _____________________________

Date of Bylaws Approval ___________________________

□  990 Submitted

□  Audit Submitted