A strong PTA/PTSA must have dedicated teachers who are equally helpful and personally involved in the activities of the PTA. Tell us how your nominee demonstrates their support of the PTA Purposes 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:
  - Examples of the ways parents are encouraged to volunteer in the classroom.
  - How the teacher participates in PTA/PTSA activities, events, and programs in addition to attendance at regular meetings.
  - Any past or present PTA/PTSA service performed by the teacher.
  - How the teacher 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 TEACHER AWARD
Information and Application

Name of Teacher ________________________________________________________________

Name of School ________________________________________________________________

Position Held _________________________________________________________________

Number of Years as a Classroom Teacher __________________________________________

Member at ___________________________________________________________ PTA/PTSA

Name of PTA/Council __________________________________________________________

Name of PTA President _________________________________________________________

Name of Person Submitting Application __________________________________________

Email ____________________________________________________________

Phone Number ______________________________________________________________

Does the teacher participate in the following PTA/PTSA activities? (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