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 by the Tennessee PTA no later than March 1st.
- Nominee must be a member of a PTA/PTSA in Tennessee.
- A descriptive narrative in addition 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 meeting.
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 by the Tennessee PTA no later than March 1st.

Tennessee PTA
P.O. Box 1536
Hixson, TN 37343

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