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 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:
  - 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 meeting.
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 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