



Council of the Year Award Nomination

Council Name _____ Michigan ID# (six digits) _____

Council President's Name _____

Council President's Address _____ City _____ Zip _____

President's Phone (Day) _____ (Evening) _____ Council President's E-mail _____

Nominator's Name _____

Nominator's Address _____ City _____ Zip _____

Nominator's Phone (Day) _____ (Evening) _____ Nominator's E-mail _____

Signature of Council President or Secretary and Date _____

Requirement Checklist: *Following are procedures local units/councils must follow in submitting applications to the state office. Entries will be disqualified if the following requirements are not met.*

Eligibility – these criteria must be described in the written explanation

- PTA/PTSA council in good standing
- Held a leadership training session for local units (include flyers and public relations used)
- Had representation at a State or Region workshop (give date and event)
- Held a council project or critical issues program in which all local units participated (provide details)
- Had delegates attending the last MIPTA Convention (give specific names)
- List legislative activity at local, state or national levels
- Had active representation at local Board of Education meetings and established a close working relationship

Nomination Form

- Typed (no smaller than 11-point) and attached to entry
- Correct Michigan PTA/PTSA ID number
- Signed with original signature of council president or secretary

Explanation

- Submitted on one side of 8 1/2" x 11" sheets of plain white paper
- Typed in black (no smaller than 11-point)
- Double-spaced with one-inch margins on all sides
- Council name must appear at the top of each page along with page numbers

Submission

- No binder, covers, or colored paper
- No facsimiles (faxed copies) applications will be accepted.
- Must be **received and acknowledged** by the state office on or before **June 1st at 5:00 pm**

Return Nomination Form and all required documentation to:
Michigan PTA Awards Committee: awards@michiganpta.org

*****FOR OFFICE USE ONLY*****

Rec'd _____ Unit Dues _____ Budget _____ Audit _____ Bylaws _____



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