



PTA/PTSA Member of the Year Award

Award Application must be received by April 15th

All Units must have current Standards of Affiliation to apply for Awards

Please Type and submit via mail, email, or upload to www.michiganpta.org **NO FAXES**

Please Print or Type Legibly

Please Check One: Council Unit

Local Council/Unit Name: _____ Michigan PTA/PTSA ID #: _____

Council/Unit President's Name: _____

Council/Unit President's Email Address: _____

Council/Unit President's Mailing Address: _____

Nominated PTA/PTSA Member: _____

(current members of the Michigan PTA Board of Directors are NOT eligible for this Award)**

Name of Individual Nominating: _____

Nominating Individual's Email Address: _____

Award Purpose/Goal: To recognize exemplary PTA-related and community participation by an individual member in a Council or Unit.

Award Selection Criteria: The recipient of the PTA/PTSA Member of the Year Award will be selected by the Awards Committee of the Indiana State PTA. The recipient will be selected on the basis of service and contributions to both the PTA and community with which the individual is affiliated. The Nominee must be a current PTA member with an activated membership card. Please answer the questions below and include any documentation that is determined to be relevant to this nomination. The answers may be typed into the form or attached at the end of this document or by an additional sheet.

Please submit all documentation together as one piece—individual letters and responses will not be accepted. For any additional sheets or documentation, please list the following on each page:

- Council or Unit Name and Michigan PTA/PTSA ID number
- Nominee Name

Questions for the Individual Nominating the person for this award:

1. Describe, in detail, why you feel your Nominee deserves this Michigan PTA Award using at least three of the National Standards for Family-School Partnerships (see next page). **(40 points)**
2. Provide a letter of support for this nominee from school administration. **(15 points)**
3. Provide a letter of support for this nominee from school staff. **(15 points)**

For the Nominee:

Describe in detail answers to the following: **(30 points)**

4. Why do you volunteer through the PTA?
5. Describe in detail your service to the community (activities and volunteerism *outside* of PTA).

For Office Use Only

Date Rec'd _____ Good Standing _____ Bylaws Dated _____ Data Verified _____ Awarded? _____

Submit completed application and all supporting documentation:

Via Mail



Awards Committee
Michigan PTA
P.O. Box 510535
Livonia, MI 48181

Via Email



Email to
membership@michiganpta.org

Online



www.michiganpta.org

MUST BE RECEIVED IN THE Michigan PTA OFFICE ON OR BEFORE APRIL 15th - NO EXCEPTIONS

Total Points Available: 100 (_____)

MI PTA Awards Checklist Points: _____

For Your Information:

Standards of Affiliation

Due to the Michigan PTA State Office by **December 1st of each year** as applicable:

Current List of Officers and Chairpersons

Renewal Dues (\$40)

Bylaws (*dated within the years 2015-2018*)

Budget (*approved by the Council/Unit according to policy and then sent to state office*)

Audit (*signed copy of annual audit submitted to state office*)

Copy of 990 (*or rejection, submitted to IRS*)

Paid Members (*Units only*)

Insurance

The PTA National Standards for Family-School Partnerships:

1. Welcoming all Families into the School Community
2. Communicating Effectively
3. Supporting Student Success
4. Speaking Up for Every Child
5. Sharing Power
6. Collaborating with the Community

PTA Mission: The Overall Purpose of PTA

A powerful voice for all children;

A relevant resource for families and communities, and

A strong advocate for the education and well-being of every child