



**2024-2025 HELPING HANDS AWARD NOMINATION FORM**

DUE DATE - Check with your Region Advisor  
or submit to VP of Field Service by March 15, 2025

**Selection Guidelines**

Nominee:

- may include any member of your PTA who goes above and beyond
- must be involved in and support your PTA
- has made a positive impact on the lives of children
- is dedicated to the mission of PTA (to make every child's potential a reality by engaging and empowering families and communities to advocate for all children)

Nominee Name \_\_\_\_\_

Nominee Phone \_\_\_\_\_ Email \_\_\_\_\_

PTA Unit \_\_\_\_\_ Ohio PTA Region # \_\_\_\_\_

PTA Contact Person's Name \_\_\_\_\_

PTA Address \_\_\_\_\_

PTA Contact Person's Phone \_\_\_\_\_ Email \_\_\_\_\_

**Please attach a typed statement stating how the nominee's PTA involvement has impacted the lives of children and youth. (300 words or less)**

PTA Contact Person's signature \_\_\_\_\_

**Please email your Region Advisor, view current contact information at:**

<https://www.ohiopta.org/board-of-directors/>

**Note: Email VP of Field Service if you do not have a Region Advisor**