

**PARMA COUNCIL OF PTAs**

**HELPING HANDS NOMINATION FORM**

**This nominee can be any PTA member (of a unit in good standing) who is dedicated to the PTA mission and who works on behalf of the children and youth, excluding certified educators.**

**NOMINEE NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ / \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Nominated by: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Unit: \_\_\_\_\_ President: \_\_\_\_\_

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We (I) nominate the person noted above for HELPING HANDS because:  
(cite specific examples including any involvement with PTA)

**Please turn this form into PCPTA by January 31st. Thank you!**



PARMA COUNCIL OF PTAs

“T in PTA” NOMINATION FORM

This nominee can be any PTA member (of a unit in good standing) who is dedicated to the PTA mission and who is involved in the educational process of students. The nominee can be a teacher, counselor, principal or certified educator.

NOMINEE NAME: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ / \_\_\_\_\_

Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Nominated by: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Unit: \_\_\_\_\_ President: \_\_\_\_\_

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We (I) nominate the person noted above for “T in PT” because: (cite specific examples including any involvement with PTA) **Please turn this form into PCPTA by January 31st. Thank you!**



PARMA COUNCIL OF PTAs

**SPECIAL EDUCATION ADVOCATE NOMINATION FORM**

This nominee can be any PTA member (of a unit in good standing) who is dedicated to the PTA mission and who works on behalf of the children and youth with special needs.

**NOMINEE NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ / \_\_\_\_\_

Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Nominated by: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Unit: \_\_\_\_\_ President: \_\_\_\_\_



We (I) nominate the person noted above for SPECIAL EDUCATOR ADVOCATE because: (cite specific examples including any involvement with PTA)

**Please turn this form into PCPTA by March 1st. Thank you!**