

PEG DAVIS LEADERSHIP AWARD  
APPLICATION

Unit Name \_\_\_\_\_ Unit No. 05- \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

I wish to recommend \_\_\_\_\_

a member of \_\_\_\_\_ PTA

who has served for \_\_\_\_\_ years in PTA .

NYS Honorary Life Membership received on \_\_\_\_\_

Leadership positions held \_\_\_\_\_

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

7. \_\_\_\_\_ 8. \_\_\_\_\_

Leadership workshops attended \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Our candidate is deserving of this award because \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Additional pages may be used)

RETURN COMPLETED APPLICATION WITH A \$25 CHECK PAYABLE TO SUFFOLK REGION PTA TO:

Suffolk Region PTA  
145 Weeks Road  
North Babylon, NY 11703

This Form May Be Duplicated