



OFFICE USE ONLY

Date received _____

Check # _____

Date Pin Sent _____

CAROLYN FIORI LEADERSHIP AWARD APPLICATION

Name of Candidate: _____
(Please Print)

Address: _____

Telephone Number: _____ Number of Years in PTA: _____

Member of: _____ PTA

Positions held - (List most recent first in space below – no attachments will be accepted)

Unit/Council: _____ PTA Code # 10- _____

Contact Person: _____ Telephone #: _____

Address: _____

Email: _____ Date award to be presented: _____

All applications must be received by **MARCH 31** in order to be eligible for the Nassau Region PTA Award. Use one form per applicant. Applications may be duplicated.

Send completed applications to: Pat Assortato
Carolyn Fiori Award Chair
43 Rainbow Lane
Levittown, NY 11756

Any person receiving this award is automatically nominated for the Nassau Region PTA Award.

****Please be sure to complete other side of application****

