

**2024 NOMINATION FOR HONORABLE MENTION AWARDS - FORM 3**

Local Chapter Name: \_\_\_\_\_ Area #: \_\_\_\_\_

Report submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ County: \_\_\_\_\_

Each local RTA may submit up to **three (3) nominees for the Honorable Mention Award**. Please use full, legal name(s). Briefly, describe the activities of your nominee(s). Consider both Youth and Other volunteer hours as equally important. Please check with your local president or your Area Community Service Chairperson to make sure your nominees are members of Indiana Retired Teachers Association. You may also call the state office (888.454.9333) for verification. Do not send additional information such as newspaper clippings or pictures.

1. Name \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Volunteer Hours: Total: \_\_\_\_\_

Volunteer Activities: \_\_\_\_\_

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

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2. Name: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Volunteer Hours: Total: \_\_\_\_\_

Volunteer Activities: \_\_\_\_\_

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

3. Name: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Volunteer Hours: Total: \_\_\_\_\_

Volunteer Activities: \_\_\_\_\_

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