

Guidelines for submitting nominations for the IPTA:



2025 Tom Horn Memorial Award

The Tom Horn Memorial Award is presented annually to an Iowa Pupil Transportation Association member serving in the capacity of school transportation director, supervisor, or administrator and who, in the eyes of his or her peers, has exhibited exemplary leadership skills and service to Iowa's pupil transportation program, school district and community.

The recipient of this award will be announced and honored with the Tom Horn Memorial Award plaque during the IPTA's Annual School Transportation Conference in July, and the name of the recipient will be added to the official Tom Horn Memorial Award plaque on display at the IPTA office in Des Moines.

Guidelines for Nomination:

Nominees must:

- be a current member of IPTA in good standing.
- have been a continuous member of IPTA for the past three (3) membership years.
- have a minimum of five (5) years' experience in pupil transportation or a related field.
- must be in an administrative, managerial, or supervisory capacity and be actively engaged in the daily operations of a pupil transportation program.
- have attended three (3) or more annual school transportation conferences or IPTA sponsored continuing education events within the past five (5) years.
- be actively engaged in school and/or community service activities.
- be an advocate for safe and efficient pupil transportation programs and services.

Nomination requirements:

- Nominations must be co-authored by two unrelated nominators.
- Nominations must be submitted on the official forms, "**Part A-Nomination Form**" and "**Part B-Service Description and Qualification.**"
- Nomination Forms must be postmarked or emailed no later than **June 10th, 2025.**
- Only mailed or emailed Nomination Forms (Parts A & B) will be accepted.
- Mail or Email nominations to:

Tom Horn Memorial Award
Iowa Pupil Transportation Association
P.O Box 8
Van Meter, IA 50261

Questions? Email: 2015ipta@gmail.org

(Part A - Nomination Form)

TOM HORN MEMORIAL AWARD

Person Being Nominated - "The Nominee"

Nominee's Name: _____ School Dist. _____

Home Address: (Street) _____ (City) _____ (State) _____ (Zip) _____

Job Title: (current) _____ Years Served (current position) _____

Job Title: (related positions held) _____

Position: _____ Years Served: _____

Position: _____ Years Served: _____

Position: _____ Years Served: _____

Persons Recommending this Nominee "Nominators":

Application must be submitted by two co-nominators, that are not related by marriage or birth to the person being nominated, who have knowledge of or about the nominee's work experiences and service to his/her school and community. Additional persons may provide supporting information by completing a Part B.

Co-Nominator #1: Name (Print): _____	Signature: _____
Mailing Address: _____	
City: _____	State: _____ Zip: _____
Daytime Phone #: _____	E-Mail: _____
Your relationship to nominee: (co-worker, supervisor, etc) _____	

Co-Nominator #1: Name (Print): _____	Signature: _____
Mailing Address: _____	
City: _____	State: _____ Zip: _____
Daytime Phone #: _____	E-Mail: _____
Your relationship to nominee: (co-worker, supervisor, etc) _____	

