

MY PTA/PTSA AWARD APPLICATION

For complete program details, see the *California State PTA Toolkit*, My PTA/PTSA Awards Program 7.6.2.

Name of PTA/PTSA _____
Check one: Elementary Jr. High/Middle/Intermediate High CA State PTA Unit/Council # _____

Council (if in council) _____ District PTA _____

PTA President _____

Telephone _____ E-mail _____

Address _____ City _____ Zip _____

School enrollment _____ Membership last year _____ Membership year to date _____

Unit/Council Criteria:

Unit/Council in good standing: _____

Per capita dues forwarded through channels? Yes No

Insurance premiums forwarded through channels? Yes No

Workers' Compensation Annual Payroll Report received? Yes No

Regularly attends Council/District PTA Meetings? Yes No

Attends Council/District PTA Workshops/Trainings? Yes No

Qualified for Chairman's Club Award? Yes No
 (50 members submitted through channels by Nov. 15)

Date bylaws last reviewed/updated? _____ (date)

District PTA President was given a copy of this application on _____ (date)

Council President was given a copy of this application on _____ (date)

APPLICATION FORMATTING REQUIREMENTS:

- ___ Word Processed or typed in black ink
- ___ Standard 12-point font or equivalent type
- ___ Double-spaced with 1" margins all sides
- ___ 1 award category no more than 3 pages
- ___ 2-5 award categories no more than 5 pages
- ___ 6 award categories no more than 7 pages
- ___ 3 single-sided supplemental pages
- ___ No folders or sheet protectors
- ___ No colored paper or 3-D attachments
- ___ No unauthorized use of copyright materials
- ___ Include original and 1 copy

Please mark appropriate award category(ies) to be considered. To qualify for the Outstanding Award, each of the six areas must be addressed in the application.

- > Unit or Council
- > Membership Creativity Award
- Your Outreach Award
- Parent Involvement Award
- Teachers, Administrators & Staff Involvement Award
- Student Involvement Award
- Allied Agencies/Community Partners Involvement
- OR
- Advocacy Efforts Award

Mail completed application to:

California State PTA
 Attn: Award Coordinator
 2327 L Street
 Sacramento, CA 95816-5014

For questions/clarification, e-mail:
 awards@capta.org.

Award Application Questions: Prepare a brief narrative for the following questions. Be as specific as possible. Include the question or its number with each answer. Answer the questions in the order they are listed. At the end of each question are point values that will be used in the selection process. If applying for more than one award, please give a brief narrative of the program as it relates to each category.

1. Describe the program(s)/project(s), including how or why it was developed. Do not describe a fundraiser. (35 points)
2. Describe the implementation of the program(s)/project(s). (35 points)
3. Describe how the PTA unit continued to promote and sustain the program(s)/project(s) throughout the year. (20 points)
4. Describe the impact/outcome. (10 points)

Submitted by _____ PTA position _____
Name/Signature

Council/District PTA President signature _____ Date _____

**All materials become the property of the California State PTA and cannot be returned.
 All applications must be received in the California State PTA office, not postmarked, by February 1.**