

## MY PTA/PTSA AWARD APPLICATION

For complete program details, see the California State PTA Toolkit, My PTA/PTSA Awards Program 7.6.2, 294.

Name of PTA/PTSA: \_\_\_\_\_ CA State PTA Unit/Council # \_\_\_\_\_

Check one:     Elementary        Jr. High/Middle/Intermediate        High

Council (if in council) \_\_\_\_\_ District PTA \_\_\_\_\_

PTA President: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ 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?  
 (50 members submitted through channels by Nov. 15)     Yes     No
- 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: \_\_\_\_\_  
Name/Signature PTA position

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.