PTA President of the Year Award
2019-2020 Application Instructions

Amy Graydon, VCCPTA Awards & Scholarship Chair

PURPOSE:

The purpose of this award is to honor a PTA President who displays a commitment to the welfare of children and youth, strives to obtain a better relationship between the home and school, and is committed to the purposes of the PTA. Volusia County Council PTA encourages all units to recognize outstanding PTA Presidents in their schools by recommending them for this award.

CRITERIA:

1. The candidate must be an active PTA President and a current PTA member.

2. Completed application.

3. Nominating PTA must be a unit in ‘good standing’:
   a. $50 Dues paid to VCCPTA
   b. Paid Insurance
   c. Current Bylaws
   d. Audit Completed and submitted to Florida PTA
   e. 990 Filed with IRS and send acceptance to Florida PTA

4. A letter of recommendation from a member of the PTA attesting to the candidate’s commitment, participation and support of PTA purposes and programs. (Give specific examples including any previous positions held in PTA).

The completed application and program/event description must be postmarked by April 3, 2020.

Mail to: Amy Graydon
999 Old Tomoka Road
Ormond Beach, FL 32174

County Mail: Amy Graydon
Tomoka Elementary
Volusia County Council PTA (VCCPTA)
PTA President of the Year Award
Application

School Name: ________________________________________________________________

School Address: ______________________________________________________________

President’s Name: __________________________________________________________________

PTA Memberships __________ School Enrollment: ___________ Number of Families: ___________

PTA President’s Name: ___________________________________________________________

PTA Member Nominating President: _________________________________________________

PTA Position/Title: ________________________________________________________________

PTA Vice President’s Name: _______________________________________________________

VP’s Contact Info: Daytime Phone: _________________________________

Evening Phone: _________________________________________________________________

Email (if applicable): _______________________________

PTA Vice President’s Signature: ____________________________________________________

MUST Be Completed By PTA Vice President BEFORE submitting to VCCPTA:
Dues paid to VCCPTA on ____________ (date)
Insurance paid on __________________ (date)
Current Bylaws Expiration ________________ (date)
Audit completed & submitted to VCCPTA on __________________
Taxes filed with IRS & acceptance notification sent to VCCPTA ________________
PTA President/VP Signature ________________________________________________
VCCPTA President of the Year Award (cont’d)

Letter of Recommendation

Please provide a Letter of Recommendation attesting to the candidate’s commitment, participation and support of PTA purposes and programs. (Provide specific examples including any previous positions held in the PTA).