Principal of the Year Award
2019-2020 Application Instructions

Amy Graydon, VCCPTA Awards & Scholarship Chair

PURPOSE:

The purpose of this award is to honor a Volusia County Principal 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 Principals in their schools by recommending them for this award.

CRITERIA:

1. The candidate must be a current PTA member.

2. Completed application.

3. Nominating PTA must be a unit in ‘good standing’:
   a. $50.00 Dues paid to VCCPTA
   b. Insurance paid
   c. Current bylaws – 3 years or less since last approved
   d. Audit completed and turned in to VCCPTA
   e. Filed Taxes with IRS and send acceptance to VCCPTA

4. A letter of recommendation from a member of the PTA attesting to the candidate’s commitment, participation and support of PTA in your school. (Please provide specifics).

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

Mail to:        County Mail: Amy Graydon
Amy Graydon        Tomoka Elementary
999 Old Tomoka Road
Ormond Beach, FL 32174
Volusia County Council PTA (VCCPTA)
Principal of the Year Award
Application

School Name: ________________________________________________________________

School Address: __________________________________________________________ __

School Enrollment: _____________________ Number of Families: ____________________

PTA Memberships: ____________________________________________________________

PTA President’s Name: ________________________________________________________

Contact Info: Daytime Phone: ________________________________

Evening Phone:____________________________________

Email (if applicable): ________________________________

Principal Being Nominated: ____________________________________________________

PTA Member Nominating Principal: ______________________________________________

PTA Position/Title: ____________________________________________________________

PTA President’s Signature: ____________________________________________________

MUST Be Completed By PTA President (or VP) 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 Principal 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 your school’s PTA. (Provide specific examples).

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