Advocacy Award

2019-2020 Application Instructions

Amy Graydon, VCCPTA Awards & Scholarship Chair

PURPOSE:

This award is given to recognize and promote the advocacy efforts of an individual or group (student, community member, local business, mayor, legislator, etc.). Founded in 1897, the PTA is the oldest and largest volunteer child advocacy association in the United States. Advocacy is the cornerstone of PTA’s mission: promoting the education, health, and well-being of all children.

CRITERIA:

1. Completed application.

2. 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

3. Advocacy nominee and activity: Provide a brief summary of the individual/group being nominated along with details regarding the advocacy work performed. Please include how the activity:
   a. Encompasses the mission and purpose of PTA
   b. Advocates for students
   c. Addresses a definite need or interest

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)
Advocacy Award
Application

School Name: __________________________________________________________________________

School Address: ________________________________________________________________________

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

PTA President’s Name: __________________________________________________________________

PTA President’s Email: ___________________________________________________________________

PTA President’s Phone #: _________________________________________________________________

PTA President’s Signature: _______________________________________________________________

Advocacy Award Nominee: _________________________________________________________________

Advocacy Activity: _____________________________________________________________________

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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 ______________________________
Advocacy Award (cont’d)

Advocacy Summary:

Provide a write-up of the individual/group for who/whom is being nominated and the advocacy work performed. Please include details of the advocacy work including how the activity:

a. Encompasses the mission and purpose of PTA
b. Advocates for students
c. Addresses a definite need or interest

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