Outstanding Unit Program Award

2019-2020 Application Instructions

Amy Graydon, VCCPTA Awards & Scholarship Chair

PURPOSE:

This award is given to promote and encourage the efforts of our PTA units. Good programs don’t just happen. They take time, effort and a great deal of organization. They work when they meet the needs of students, staff and the community. Program planning with a purpose provides for good quality PTAs.

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. Program / Event: Provide a brief summary of the program/event you are submitting including how it:
   a. Promotes the purposes of PTA
   b. Embraces the interest of the entire membership
   c. Encourages active participation of as many members as possible
   d. Addresses a definite need or interest
   e. Helps promote and strengthen home/school relationship

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)
Outstanding Unit Program of the Year 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: _______________________________________________________________

Program/Event: ________________________________________________________________________

Program/Event Chairperson: ______________________________________________________________

Program Description: __________________________________________________________________

_____________________________________________________________________________________
_____________________________________________________________________________________

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 2020
Outstanding Unit Program Award (cont’d)

Program / Event Summary:

Provide a brief summary of the program/event you are submitting including how it:

a. Promotes the purposes of PTA
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c. Encourages active participation of as many members as possible
d. Addresses a definite need or interest
e. Helps promote and strengthen home/school relationship