



Missouri PTA Health/Wellness & Safety Education Award

Application

MAIL TO: Missouri PTA, PO Box 30545, Columbia, MO 65205

DEADLINE: Application must be postmarked no later than August 31.

This award is given to a unit or council that hosted a program, activity or project that promoted an awareness of health and/or safety related information. One (1) PTA unit or council will be recognized with a certificate of recognition, a check in the amount of \$150.00 (one hundred and fifty dollars) and be announced at the Annual Award Ceremony at the Missouri PTA Convention. Also, the unit or council will be given the opportunity at convention, to be a part of a Programs Workshop outlining their awarded program.

Please complete all questions on the application below. The program may have been successfully held during the previous school year or scheduled to be held during the current school year. A selection committee composed of Missouri PTA Board of Managers members will review all applications.

Please print or type the information requested below. If there are any questions, please contact the MOPTA Health, Wellness and Safety Chair.

In order to be eligible for consideration, the following requirements must be met by the PTA/PTSA applying:

- _____ Application must be submitted by unit/council in good standing.
- _____ Adheres to the Purposes and basic policies of PTA.
- _____ Remits national and state dues to the state PTA by dates requested.
- _____ Has bylaws approved every three years according to the procedures of the state PTA (Date of last bylaws approval _____).
- _____ Submits a copy of the unit's fiscal year-end report and annual financial review to the state PTA by December 1st.
- _____ Submits a copy of the required IRS tax form to the state PTA by December 1st.
- _____ Submits the names and addresses of officers to the state PTA by March 31st.
- _____ Meets other criteria as may be prescribed by the state PTA .
- _____ Submit a brief summary of your program/activity/project.
- _____ Did your program make an effort to involve all parents in your school community, or your entire community? (please specify one or both)
- _____ Please submit a budget for this program.

Provide any material, worksheets and other documentation to support your program.

Name of local unit or Council _____

Name of School & Address _____

City _____ Zip _____

President's Name _____ E-mail _____

President's Address _____

City _____ Zip _____

President's Phone _____

Name of Submitter _____ Phone _____

E-Mail _____

If chosen as an award recipient, would your unit or council present a workshop

Yes _____ No _____ Maybe _____