

NYS PTA® 2019 PICK A READING PARTNER (PARP) AWARD APPLICATION

INSTRUCTIONS

The completed PARP Award Application must contain the Application Cover Sheet, Data Information Sheet and responses to the three specific category areas below. Applicant may also include up to 15 pages of supportive materials. Instructions and the maximum points that may be awarded for each category are in the bolded section below. All instructions must be followed, or the application will be disqualified.

One state winner shall receive a plaque presented at the NYS PTA Convention along with a certificate for two free convention registrations and one hotel room. (Note: Transportation costs are the responsibility of the winner.)

Application Cover Sheet and Data Information Sheet (20 points)

Completed "Application Cover Sheet" and "Data Information Sheet" must be included (See Form 1 and 2 below). *Is your title original? How did you do enrollment numbers vs. participation? How did you spend your money? (Be as specific as possible.) How long was your program?*

Category Areas:

1. Goals (10 points)

Briefly list your Pick A Reading Partner program goals.

Did your goals support reading? Are they well-written and attainable?

2. Implementation (55 points)

Provide a brief summary of your program; include a description of how the program was accomplished and who was involved.

What activities did you do? Did you have a cultural arts connection? How was the participation with the students, parents, community (inside and outside of school)? Did you use the PARP logo, NYS PTA logo and/or create your own logo?

3. Results and Evaluation (20 points)

State how your goals were accomplished and what tools were used to determine the results. If goals were not met, describe what you would improve next year.

How did you assess your success? What instrument of measure did you use for participation/number of books read, etc.? Did you do an evaluation? Did you state if goals were met and how to improve for next year?

Instructions:

- 1) Use plain white 8 ½ x 11-inch paper singlesided, single-spaced pages. Use 1-inch margins on all sides with a type size of 12 point or larger (not including supporting materials). For photocopying purposes, do not use binders, covers or colored paper. Supporting materials may be reduced or altered to fit the required number of pages.
- 2) Type each Category Area in **bold** print before each response.
- 3) Limit responses to all three Category Areas to a total of **four pages** combined.

Supportive Materials (10 bonus points)

- 1) **No more than fifteen (15) additional pages** of supportive materials, single-sided 8 ½ x 11-inch, may be submitted. Please include copies of information (forms, fliers, calendars, etc.) and press releases sent to parents, teachers and the community explaining the program. **Note: Double sided brochures are considered two (2) pages.**
- 2) The use of copyrighted material is not acceptable.

All materials must be clearly reproducible on a photocopier. The winning application will be reproduced exactly as submitted. This application subsequently becomes the supplement to the Pick A Reading Partner (PARP) Toolkit and the property of the NYS PTA.

DEADLINE

Application must be postmarked (not metered) no later than June 15, 2019 and sent to your PTA Region Director (see NYS PTA website for address). Do not send applications to the NYS PTA office.

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APPLICATION COVER SHEET

**Please complete and attach this sheet to your application.
(This is the first of two pages of your application.)**

Please type or print information clearly (other than signatures)

Contact Person (one contact only) _____ **Title** _____

Address _____

Note: Winners will be notified during the summer months. Please use an appropriate summer address.

Email Address _____

County _____ **Signature** _____

PTA Region (see website for region map) _____

Daytime Phone_(_____)_____ **Evening Phone (if different)**_(_____)_____

Submitting Group _____

Theme/Title of PARP Program _____

How many years has your school run a PARP program? _____

How many years have you chaired the committee? _____



PTA INFORMATION

If a PTA unit, please also complete the following:

PTA Name _____ **Unit Code #** _____ - _____

School Name _____

Name of PTA President _____

Phone Number_(_____)_____ **Email Address** _____

Signature of PTA President _____

Region your unit is located _____

Please note: Entries become the property of NYS PTA and will not be returned. Other materials included, not part of the above listed materials, will not be considered.

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DATA INFORMATION SHEET

Please complete and attach this sheet to your application.
(This is the second page of your application.)

Theme/Title of PARP program _____

Name of School (or Library) _____

Name of School District _____

Grade levels participating in PARP program _____

Total number of students in participating grade levels _____

Estimated number of students participating _____

Length of program (weeks/months) _____

Budget Information:

A PARP program can be supported by PTA funds or other means. Below we are looking for what funds you used to run your program and how you used those funds. The funding of the PARP program breaks down as follows (please list all that apply and **be as detailed as possible**):

Income:

PTA/Organization's Budget	\$ _____
School District Contribution	\$ _____
Local Organization/Business (Be specific and list below)	_____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

Expense:

Author/Programs	\$ _____
General Expense (i.e. copying, postage)	\$ _____
Other Expenses (Be specific and list below)	_____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

Total Cost of Program \$ _____

Application Checklist

- Application Cover Sheet (Page 1)
- Data Information Sheet (Page 2)
- Responses to Category Areas 1-3 (Pages 3-6)
- Supportive Materials (Pages 7-21)
- Sent to your Region Director – must be postmarked by June 15, 2019
See NYS PTA website for address. Do not send to NYS PTA office.