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 (50 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 (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, 2020 and sent to your PTA Region Director (see NYS PTA website for address). Do not send applications to the NYS PTA office.
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.
**NYS PTA®2020 PICK A READING PARTNER (PARP) AWARD APPLICATION**

**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):

<table>
<thead>
<tr>
<th>Income</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTA/Organization’s Budget</td>
<td></td>
</tr>
<tr>
<td>School District Contribution</td>
<td></td>
</tr>
<tr>
<td>Local Organization/Business (Be specific and list below)</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expense</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author/Programs</td>
<td></td>
</tr>
<tr>
<td>General Expense (i.e. copying, postage)</td>
<td>$</td>
</tr>
<tr>
<td>Other Expenses (Be specific and list below)</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$</td>
</tr>
</tbody>
</table>

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, 2020

See NYS PTA website for address. Do not send to NYS PTA office.