YOUTH HUMANITARIAN AWARD ~ IN MEMORY OF STANLEY MARCUS

CHECKLIST: (Check off the items as you complete them.) These items must be included and filled completely. Failure to complete any of the items will disqualify your entry.

☐ Candidate’s name, address, telephone number (including area code) and email address
☐ Grade in school (check one – Junior or Senior)
☐ High School name and address
☐ Principal’s name, telephone number (including area code), email address and signature
☐ PTA/PTSA unit information with president’s signature and email address to acknowledge the PTA is a unit in good standing
☐ Student list of volunteer activities
☐ Student Statement
☐ Photograph of Student
☐ Selection committee information and chairman’s signature (completed by PTA President, if applicable)

NYS PTA publishes photographs, award presentations, press releases and other materials, both in print and on the Internet, where images, names and schools of the Youth Humanitarian Award winners are published.

☐ Check this box to opt out of having the applicant’s photo, name and school disclosed from the media information stated above.

*The applicant's essay, "Why Humanitarianism Is Important In My Life" must be typed on page provided.

Note: Please do not include high school transcripts or academic letters of recommendation with this application. Academic achievement is not a factor in the selection process.

Applications may include: letters from directors of community programs and copies of certificates of appreciation. The completed application must be submitted to your school to forward to the PTA president, who will send to your PTA Region Director, and postmarked, not metered, by January 31, 2020. Faxed or emailed applications will not be accepted.

CRITERIA FOR CHOOSING A NOMINEE

The nominee must:

✓ be a junior or senior at a high school with a PTA/PTSA in good standing
✓ demonstrate outstanding volunteer community service
✓ display humanitarian principles by word and deed
✓ be selected for the quality of the humanitarian activities rather than for the quantity of extracurricular activities

UNIT SELECTION PROCESS

In order to participate, the PTA/PTSA high school must be in good standing on the date the application is submitted. This means that:

1. Membership dues have been paid
2. Insurance has been paid
3. Bylaws are current (3 years or less since last approval)
4. Appropriate IRS 990 form has been filed

Each PTA/PTSA may submit one 11th or 12th grade student for this recognition.

The local selection committee should be comprised of representatives from the PTA/PTSA, administration, faculty and students. The application MUST be signed by the chair of the selection committee.
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APPLICATION FORM

CANDIDATE AND SCHOOL INFORMATION:

Candidate's Name ______ Tel. No. ______
Candidate's Address ______ Email:
City/Town _____, New York Zip Code _____

Candidate is Junior ☐ Senior ☐

At the _____ High School
Address of School ______
City/Town _____, New York Zip Code _____

Name of Principal ______ Tel. No. ______
Signature of Principal ___________________________ Email: ______

PTA UNIT INFORMATION:

Name of PTA/PTSA Unit in Good Standing _____
Unit Code Number ___-____ Name of Unit President _____
Address ______
City/Town _____, New York Zip Code _____
Signature of Unit President ___________________________ Email: ______

PTA UNIT AWARD SELECTION COMMITTEE INFORMATION: (if applicable, to be completed by PTA President)

Name of Chairman ______ Tel. No. ______
Address ______
City/Town _____, New York Zip Code _____
Signature of Chairman ___________________________ Date _____

FOR OFFICE USE ONLY

BYLAWS INSURANCE ☐ MEMBERSHIP ☐ IRS 990 FILED ☐ INITIALS _________

Completed applications with attachments must be postmarked, not metered, by January 31, 2020 to be considered. Faxed or emailed copies will not be accepted.
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"Why Humanitarianism Is Important In My Life"

Explain why you participate in community service activities and how this has affected your life. You may note activities as part of your statement, but use the separate sheet provided on page 4 to list all community service in which you have been involved. If a handicapping condition precludes a typed statement, an audio tape will be accepted.

STATEMENT MUST BE TYPED ONLY IN THE SPACE BELOW. ADDITIONAL SHEETS WILL NOT BE ACCEPTED.
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LIST OF VOLUNTEER COMMUNITY SERVICE WITH A DESCRIPTION OF THE ACTIVITIES
Please do not include school sports activities. Remember that the quality, not the quantity, of the humanitarian work is what the selection committee will be judging. Additional sheets may be used if necessary.

VOLUNTEER ACTIVITY
Please include length of time involved in the activity

PLEASE NOTE: Supportive materials such as letters from directors of community organizations you volunteered for or copies of certificates of appreciation received for your service may be attached. Academic letters of recommendation or high school transcripts should not be included and will not be accepted.