



**PICK A READING PARTNER (PARP)
Region Award Winner 2024
COVER SHEET**

(Please type or print information clearly)

Region: _____ Region Code #: _____

Region Director: _____

Telephone No.: _____ Email: _____

Region PARP Chair: _____

Telephone No.: _____ Email: _____

Region PARP Winner's Information
(Please complete only one section)

If PTA:

Unit Name: _____ Unit Code #: _____

Program Name: _____

President's Name: _____

Telephone No.: _____ Email: _____

Is this a PTA in good standing? Yes ___ No ___

If Non-PTA:

Group Name: _____

Program Name: _____

President's Name: _____

Telephone No.: _____ Email: _____

Please send this form with your Region's one winning PARP Award application by June 1st so it can be considered for the NYS PTA PARP Award.

If mailed postmarked not metered by June 1st to NYS PTA One Wembley Court Albany, NY 12205 or email it to pta.office@nyspta.org

REGION INFORMATION: (Please fill in the information below)

Total Number of Applications Received: _____

Total Number of Applications Disqualified: _____

