



**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: \_\_\_\_\_

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**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 1<sup>st</sup> so it can be considered for the NYS PTA PARP Award.*

*If mailed, postmarked, not metered by June 1<sup>st</sup> to NYS PTA One Wembley Court, Albany, NY 12205 or email to [pta.office@nyspta.org](mailto:pta.office@nyspta.org)*

**REGION INFORMATION: (Please fill in the information below)**

Total Number of Applications Received: \_\_\_\_\_

Total Number of Applications Disqualified: \_\_\_\_\_

