

NYS PTA PARP INSTRUCTIONS

Application must be postmarked or submitted electronically no later than MAY 15 and sent to your PTA Region Director (<u>Contacts-Region Directors - NYS PTA</u>). Do not send applications to the NYS PTA office.

The completed PARP Award Application may include up to 15 pages of supportive materials. **Incomplete applications will be disqualified.**

One state winner shall receive a plaque and a check for \$250 to use for purchase of materials for the unit. Each region winner will receive a check for \$100.

REGION DIRECTOR CONTACT LIST

- 04 CENTRAL HUDSON Shauna Wold centralhudsonrd@nyspta.org
- 05 SUFFOLK Wendy Natalone suffolkrd@nyspta.org
- 06 LEATHERSTOCKING Erin Murray <u>leatherstockingrd@nyspta.org</u>
- 07 GENESEE VALLEY Jaclyn Masters geneseevalleyrd@nyspta.org
- 10 NASSAU Shari Beck nassaurd@nyspta.org
- 11 NIAGARA Evonne Ostrozinski niagarard@nyspta.org
- 12 NORTHEASTERN Melissa France northeasternrd@nyspta.org
- 14 SOUTH CENTRAL Deawn Hersini southcentralrd@nyspta.org
- 15 SOUTHEASTERN Velida (Val) Ford southeasternrd@nyspta.org
- 17 TACONIC David Belisle taconicrd@nyspta.org
- 18 WESTCHESTER-EAST PUTNAM Mary McNamara westchestereastputnamrd@nyspta.org
- 19 WESTERN Purnima Mohan westernrd@nyspta.org



NYS PTA PARP APPLICATION

Please type or print information clearly (other than signatures).

+ + + PARP PROGRAM INFORMATION + + + +

Theme/Title of PARP program
Type of Group Submitting: (ex PTA, Library, etc.)
Name of Group
County or PTA Region
Grade levels participating in PARP program
Total number of students in participating grade levels
Estimated number of students participating
Length of program (days/weeks/months)
Did you utilize the NYS PTA PARP Logo? Did you create your own logo?
+ + + + CONTACT INFORMATION + + + +
Contact Person (one contact only)
Title/Position
Address
Note: Winners may be notified during the summer months. Please use an appropriate summer address.
Email Address
Daytime Phone()Evening Phone (if different)()_
Signature
If a PTA unit, complete the following section.
<u> </u>
PTA Name Unit Code #
School District
Name of PTA President
PTA President's Email Address
PTA President's Phone Number ()

Instructions:

• Limit responses to all three Category Areas to a total of **four pages** combined.

Category Areas:

1.Goals (10 points)

List your Pick A Reading Partner (PARP) program goals and explain how the goals support the PARP program.

2.Implementation (55 points)

Provide a summary of how your program was planned and implemented. Include a description of activities students and their partners participated in, and the ways you engaged students, parents, families, and their community. If your program had a cultural arts component, describe it. Examples: Multilingual story telling, traditional dances or music, adaptive arts, etc. IF you created your own PARP logo please describe it.

3.Results and Evaluation (20 points)

Explain how well your goals were accomplished and how you assessed them. Describe how your program encouraged reading and literacy. Explain what you would do to improve your PARP program.

** Supportive Materials ** (Bonus points)

Share supporting materials demonstrating originality, accessibility and activities focusing on literacy.

- Supporting materials may be reduced or altered to fit the required number of pages.
- 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 families/guardians, teachers and the community explaining the program. Note: Double sided brochures are considered two (2) pages.
- The use of copyrighted material is not acceptable.

All materials must be clearly photographed or scanned for digital transmission or photocopying. The winning application will be reproduced <u>exactly</u> as submitted. This application subsequently becomes the supplement to the Pick A Reading Partner (PARP) Toolkit and the property of the NYS PTA.

DEADLINE

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