



NYS PTA PARP INSTRUCTIONS

Application must be postmarked or submitted electronically no later than MAY 15 and sent to your PTA Region Director ([Contacts-Region Directors - NYS PTA](#)). 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 - Jennifer McPhee - centralhudsonrd@nyspta.org

05 SUFFOLK - Wendy Natalone - suffolkrd@nyspta.org

06 LEATHERSTOCKING - Erin Murray - leatherstockingrd@nyspta.org

07 GENESEE VALLEY - Jaclyn Masters - geneseevalleyrd@nyspta.org

10 NASSAU - Shari Beck - nassaurd@nyspta.org

11 NIAGARA - Jennifer Walowitz - niagarard@nyspta.org

12 NORTHEASTERN - Melissa France - northeasternrd@nyspta.org

14 SOUTH CENTRAL - FSC Cynthia Ames - southcentralrd@nyspta.org

15 SOUTHEASTERN - Velida (Val) Ford - southeasternrd@nyspta.org

17 TACONIC - Fiona Rattray - taconicrd@nyspta.org

18 WESTCHESTER-EAST PUTNAM - Jeanette Rosen - 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 _____

◆◆◆◆ PTA INFORMATION ◆◆◆◆

If a PTA unit, complete the following section.

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 1/2 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 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

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