



ESCAMBLA COUNTY

PTA

LOCAL UNIT OF THE YEAR

Goals help the effectiveness of an association. The success of the PTA depends on the unity of action which can best be achieved by the following basic procedures. In order to apply for this award, state/national dues must be paid before March 31 and bylaws must have been updated within the last three years.

Submission for this award is limited to five (5) sheets of paper including this form.

Name of Local Unit: _____ County: _____

School Type: (Elementary, Middle, K-8, High, or Other) : _____

Address: _____

Name of President: _____ Phone: _____

Address: _____

Email Address: _____ School Enrollment: _____

THE FOLLOWING ARE PREREQUISITES FOR THIS AWARD:

PTA Membership as of March 31, last year: _____ This year: _____

Number of PTA members participating in school or PTA projects: _____

Number of hours accumulated by PTA volunteers: _____ Bylaws approval date: _____

If PTSA, are students on your board? Yes / No Are teachers represented on the board? Yes / No

Attach a copy of your PTA/PTSA Budget. Date approved: _____

Was your local unit represented at the following?

Leadership/Convention: Yes / No Escambia County Council Workshop: Yes / No Number attending : _____

Legislative Events : Yes / No Number attending _____ Rally in Tally: Yes / No Number attending : _____

National Convention: Yes / No

Does your PTA provide the following for your board members?

National PTA Resource Info: Yes / No How many? _____ Our Children: Yes / No How many? _____

Florida PTA E-Newsletter: Yes / No Kit of Materials Information: Yes / No



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LOCAL UNIT OF THE YEAR CONTINUED

Did your unit have a Founder's Day program? Yes / No

Are teachers represented on the board? Yes / No

Has your unit ever participated in a self-study, with council or state representatives present, within the past three years? Yes / No

Were treasurer's books audited? Yes / No Date: _____

Attend Local Leadership Training? Yes / No

If so, What did your unit do?

How many PTA/PTSA meetings do you have each year? _____ Board meetings each year? _____

How do you notify your membership of meetings? _____

Please list your most active chairs: _____

What special service projects were planned and carried out in your local unit? (use extra page if needed)

Please list your most successful programs this year: (use extra page if needed)

Certification: I hereby certify that all information provided in this application is true and correct. I understand that any false or misleading statements contained in (or any omissions from) this application will result in rejection of my application, or revocation of award privileges.

Certified by:

(Print Name)

(Signature)

Title/Position: _____

Awards applications must be received by:

April 1, 2017

Mail to: ECCPTA Awards Committee J.E. Hall Center

30 E Texar Dr, Pensacola, FL 32503



ESCAMBLA COUNTY

PTA PROMOTING COMMUNICATIONS EXCELLENCE AWARD

Name of Local Unit: _____ Date: _____

Address: _____

Elementary / Middle / High / Other : _____

Name of President: _____ Phone: _____

Address: _____

Email Address: _____

Does your unit have the following means of communication available for members:

Newsletter: Yes / No Website : Yes / No Telephone Reminder System: Yes / No
Posting Area at school for PTA: Yes / No Email Communication: Yes / No Flier System: Yes / No

Does your website have:

Link to state and national PTA websites: Yes / No Link to school district: Yes / No
Link to county council : Yes / No Minutes from unit meetings : Yes / No Newsletter : Yes / No
Events calendar: Yes / No Officer contact information : Yes / No
PTA background information (mission, purpose, benefits of membership, etc.): Yes / No

Does you PTA provide the following for your board members:

National PTA resource information: Yes / No Our Children (publication of National PTA): Yes / No
Florida PTA eNewsletter: Yes / No Kit of Materials information: Yes / No
Does your PTA hold regular meetings (at least 3)? Yes / No
Does your PTA Board hold monthly meetings? Yes / No
Does your PTA send press releases/pictures to the newspaper? Yes / No

Other forms of communication that your PTA uses (attach up to 2 additional pages of examples)

Certification: I hereby certify that all information provided in this application is true and correct. I understand that any false or misleading statements contained in (or any omissions from) this application will result in rejection of my application, or revocation of award privileges.

Certified by:

(Print Name)

(Signature)

Title/Position:

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OUTSTANDING NEWSLETTER OF THE YEAR

Criteria:

Complete this form in its entirety and submit with copies of three monthly newsletters.
Newsletters must be from the current school year.

Section 1

PTA Name: _____

Local Unit: K-5 _____ 6-8 _____ 9-12 _____

President's Name: _____ Email: _____

Home Address: _____

Daytime Phone: _____ Evening Phone: _____

Section 2

Complete the following checklist to insure that all required elements are included. Masthead with school name and date.

- _____ Name of newsletter with logo
- _____ Address, including city
- _____ Date
- _____ Volume number and issue number
- _____ Masthead inside with PTA name and address, name of Editor, Principal, President
- _____ Copy deadlines and number of publications

PTA Content

- _____ Message from PTA President (prior to the Principal's message)
- _____ Calendar of Events (including PTA meetings, workshops, and projects)
- _____ Report on PTA Membership
- _____ General PTA Information
- _____ County Council information (if applicable)
- _____ State and National PTA information

In addition, newsletters will be judged on: Layout and Design, Eye-catching and organized Use of clipart
Readability and Legibility Clean copy - no blurs, Use of "White Space"

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ESCAMBLA COUNTY
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LOCAL UNIT VOLUNTEER HOURS AWARD

Criteria:
The number of PTA/PTSA hours must be twice the number of student enrollment.

Name of Local Unit: _____

City: _____

County: _____

Region: _____

Date Bylaws Last Approved: _____

Number of students enrolled: _____

Number of PTA/PTSA volunteers: _____

Number of PTA volunteer hours: _____

Certification

I hereby certify that all information provided in this application is true and correct. I understand that any false or misleading statements contained in (or any omissions from) this application will result in rejection of my application, or revocation of award privileges.

Certified by:

Print Name _____

Signature _____

Title/Position: _____

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ESCAMBIA COUNTY

PTA

OUTSTANDING PRINCIPAL OF THE YEAR

Purpose:

To recognize the principal who best fits the following description: "Behind every successful PTA, there is a school principal who is supportive, helpful, and personally involved in the PTA."

Criteria:

Principal promotes the purposes and mission of the PTA and encourages the use of the National Standards for Parent/Family Involvement.

Name of Principal: _____ Email: _____

School Name: _____

School Address: _____

School Website: _____

PTA Council: ESCAMBIA COUNTY

Name of PTA/PTSA making nomination: _____

Name of President: _____ Phone: _____

Address: _____

Email: _____

Bylaws Approval Date: _____ (must be completed to receive award)

Does the Principal encourage the PTA/PTSA to receive training, attend council, district, and state events?_ If yes, please explain how: _____

Does the Principal participate in PTA/PTSA activities on a regular basis, in addition to attendance at regularly scheduled meetings? If yes, explain (you can use a separate sheet of paper if needed). _____



ESCAMBLA COUNTY

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OUTSTANDING PRINCIPAL OF THE YEAR CONTINUED

Does the Principal participate in PTA/PTSA activities in the following ways:

Attends local unit meetings? Yes / No

Attends Executive PTA/PTSA meetings on a regular basis? Yes / No

Attend Council Meetings? Yes / No

Attend State PTA functions? Yes / No

Attend National Convention? Yes / No

Holds current PTA/PTSA membership ? Yes / No

Brief summary of the nominated outstanding principal's role in the PTA

(limited to 10 sentences) including: participation and contributions to the PTA and its programs, leadership, assistance, and encouragement of the PTA/PTSA and its program.

Brief summary of the impact of the nominated outstanding principal on students, parents, and other faculty

Why is this principal outstanding? (limited to 10 sentences)

Nomination Letter

(minimum of 1 but may include more).

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ESCAMBLA COUNTY PTA HEALTH & SAFETY AWARD

Purpose:

To recognize PTA units that promote programs and projects that inform and educate parents and students of Healthy Lifestyles and Safety, in unique and creative ways.

Criteria:

Participating in standard programs (Fire Prevention Week, Red Ribbon Week, etc.) with a unique way of disseminating information or informing students of the health and safety aspects. This can also be achieved by creating a unique program(s) to inform parents/students of an ongoing health/safety concern, or by promoting a health/safety concern, or by promoting healthy lifestyles.

PTA/PTSA Unit Name: _____ K-5 _____ 6-8 _____ 9-12 _____

Date Bylaws Last Approved: _____ President's Name: _____

Home Address: _____

Phone: _____ Best time to call: _____

Email Address: _____

Principal's Name: _____ School's Name: _____

On a separate sheet of paper, answer the following questions and attach to this application. Please use a separate sheet of paper for each program you wish to be considered.

- Name of Program/Project.
- Indicate whether this was a Safety Project, Healthy Lifestyles Project, or Both.
- In no more than 500 words, please describe the project and its goals. Include the target age, and/or grade(s), or audience for this program.
- In no more than 500 words, describe the benefits of this project.
- Sketch out a time-line for this project or plan of work.
- Aside from PTA, list any groups or individuals that assisted with this project.
- Did this project benefit the community? If so, in what way?

Attach any handouts, agendas, or flyers that promoted this event/project. Copies of emails may be submitted if they were meant for publication. List any additional comments you wish to make about this project.

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MENTOR-A-PTA AWARD

Purpose:

To recognize local PTA units that demonstrate fellowship and cooperation by reaching out to another local PTA unit in need.

Criteria:

A local PTA unit that has assisted a new or struggling unit by offering support and assistance as needed.

President's Name: _____

President's Signature: _____

Program Chair/Awards Chair: _____ Date Submitted: _____

How did the PTA learn their "mentored" PTA needed support?: _____

What type of assistance was offered?: _____

How did the assistance benefit, enhance, and strengthen the partner PTA?:

Briefly describe how the PTA assisted it's partner (no more than 200 words). Include details, list any materials or funds loaned or gifted, any volunteers that gave time, and any other information you feel supports your application. Use additional pages if necessary and attach to this form.

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OUTSTANDING PROGRAM OF THE YEAR

Purpose:

To recognize some of the outstanding programs sponsored by local units this year. Local units are invited to submit a program or an event.

Criteria:

Programs must be non-profit and support the goals and objectives of PTA. They should enhance, benefit, and strengthen the local unit by fulfilling an identified need of the membership.

Local Unit: _____

Program Title: _____

President's Name: _____

President's Signature: _____

Program Chair/Awards Chair Date Submitted: _____

of PTA Volunteers: _____ # of Hours: _____ # of Participants/Students: _____

What is the purpose of the program?: _____

Which PTA objectives does it support?: _____

How has the program enhanced and strengthened the local unit?: _____

What was the outcome of the program (accomplishments)?: _____

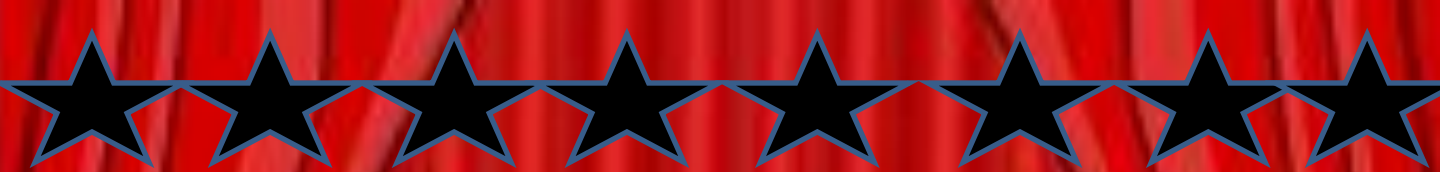
Briefly describe your program (no more than 200 words). Include the planning process, details of the event and any information you feel supports your application. Use additional pages if necessary and attach to this form.

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**ESCAMBLA COUNTY
PTA
VOLUNTEER OF THE YEAR**

Purpose:

To recognize the volunteers at each school that "go the extra mile" for PTA. Each unit chooses it's own nominee and the committee will select one outstanding volunteer to receive the top honor as PTA Volunteer of the Year. All volunteers nominated will be recognized when the awards are presented at ECCPTA Awards night. All will be invited to attend the awards presentation event.

Criteria:

Nominees must support the goals, mission, and objectives of the PTA. They should be active participants in ways that enhance, benefit and strengthen the unit. Each nominee must be a current PTA member at the school from which they are being nominated. The unit which is nominating the volunteer must be a unit in good standing (having paid dues to FPTA, ECCPTA and having up to date bylaws.)

Local Unit Name: _____

Nominated Volunteer: _____

Nominated Volunteer's Address: _____

Phone Number: _____

Unit President's Name: _____ President's Signature: _____

In no more than 500 words, please describe why this nominee was chosen. Please be specific in examples of how this volunteer has supported your unit's efforts this year. (use a separate sheet of paper if needed and attach to this form) _____

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YEARBOOK AWARD

Purpose:

To recognize the PTA teams at each school that "go the extra mile" for their school's yearbook. Each PTA enters their yearbook and the committee will select one outstanding yearbook to receive the top honor as PTA Yearbook of the Year.

Criteria:

Yearbook submissions must contain details and samples of their work if possible. Online links to their work is acceptable when sending samples. Yearbooks that are created through management companies will be considered after the submissions that require individual tailoring. The unit which is nominating their yearbook must be a unit in good standing (having paid dues to FPTA, ECCPTA and having up to date bylaws.)

Local Unit Name: _____

Yearbook theme or title: _____

School's Address: _____

Phone Number: _____

Unit President's Name: _____ President's Signature: _____

In no more than 500 words, please describe why this yearbook is the best one created by a local unit. Please be specific in examples of how this supported your unit's efforts this year. (use a separate sheet of paper if needed and attach to this form)

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