

TEXAS PTA LEGISLATIVE GUARDIAN AWARD

INDIVIDUAL _____ LOCAL _____ COUNCIL _____

PURPOSE OF AWARD

To recognize annually, an individual PTA member, a Local PTA and a Council PTA, that each exhibit outstanding participation in the enactment of legislative action on behalf of all children. Involvement includes "grass roots" commitment at county, local or state government levels.

One of the key Purposes of PTA is "to secure adequate laws for the protection of children and youth," and is the basis for this award.

CRITERIA FOR SELECTION OF WINNER

Each of the following criteria must be addressed and presented in the order listed:

1. Explain the planning process and state the goals of the project.
2. Elaborate on the scope of the project; such as grass roots involvement, media coverage, collaborative efforts with other entities; etc.
3. State the desired outcome of the project; such as how it will affect change, help children, implement PTA purposes, etc.
4. Itemize the results of action taken as of entry form submission date.

AWARD:

TEXAS PTA LEGISLATIVE GUARDIAN

Submit

- Texas PTA Legislative Guardian Award form with supporting materials.
Texas PTA Local Award Application Form

Texas PTA Local Unit Award Application Form

Award applying for: _____	
Recognition level: <input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Bronze	
Local PTA/PTSA: _____	TXPTA ID #: _____
LEVEL: <input type="checkbox"/> Early Childhood <input type="checkbox"/> Elementary <input type="checkbox"/> Middle/Junior High <input type="checkbox"/> High School	
(Combination PTAs should select the grade level with the highest enrollment.)	
School District: _____	City: _____
PTA/PTSA President: _____	
Telephone: _____	E-mail Address: _____
Street Address: _____	
City: _____	Zip: _____

COUNCIL/AREA INFORMATION	
Council PTA: _____	Area PTA #: _____
Awards Contact: _____	
Telephone: _____	E-mail Address: _____

STATE OFFICE INFORMATION	
State Awards Contact: <u>Programs Department</u>	Telephone: <u>1.800.TALK PTA</u>
Address: <u>Texas PTA, 408 West 11th Street</u>	City: <u>Austin, TX</u> Zip: <u>78701-2113</u>

REQUIRED INFORMATION	
Person submitting award: _____	
Telephone: _____	E-mail Address: _____
Address: _____	
City/Zip: _____	Zip: _____

All entries submitted to the state level become the property of Texas PTA and will not be returned.

AWARD SUMMARY

Write an additional summary, in 100 words or less, that may be used for public relations purposes such as in newsletters, Texas PTA *The Voice*, awards finalist program, etc. This summary is not included in the page limit.

--