

Hillsborough County Council PTA/PTSA

Awards Master Submission Form

Please type or print clearly

You must submit this Master Submission Form with your award applications on or before the deadline noted on the Award Information Sheet, they must be postmarked. No applications will be accepted after the due date. Please mail all application in a single envelope. Complete this form in its entirety. The following awards will be awarded based on information contained herein: Volunteer Hours, Golden Participation, Student Involvement, and Increased Membership and in the event there is a tie.

In order to be eligible for any award:

- ❖ Your State and Council dues must be paid.
- ❖ Your Bylaws must be current (must have been updated within the last three (3) years)

Name of Local Unit PTA/PTSA _____			
Number of Students Enrolled: _____	Number of Volunteers 2016/2017 _____	Number of Volunteer Hours 2016/2017 _____	
Were you chartered or re-chartered in the past 3 years? <input type="radio"/> Yes <input type="radio"/> No If so, When? _____			
PTA Memberships as of May 1 This Year: _____ Last Year _____ Year Before Last _____ (FL PTA #'s will be used)			
Bylaws Approval Date: _____		Budget Approval Date: _____	Last Audit Date: _____
Are Administrators represented on your board: <input type="radio"/> Yes <input type="radio"/> No		If yes, how many? _____	
Are teachers represented on your board: <input type="radio"/> Yes <input type="radio"/> No		If yes, how many? _____	
If PTSA, are students represented on your board: <input type="radio"/> Yes <input type="radio"/> No		If yes, how many? _____	
Number of General Meetings hold this year: _____		Number of Board Meetings held this year: _____	
Did your PTA have a Founder's Day Program? <input type="radio"/> Yes <input type="radio"/> No		Did your PTA participate in Reflections? <input type="radio"/> Yes <input type="radio"/> No	

Was your unit represented at the following events this year? (Check all that apply.)

- | | | |
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| <input type="checkbox"/> HCC PTA/PTSA General Meetings | <input type="checkbox"/> HCC PTA/PTSA Trainings/Workshops | <input type="checkbox"/> HCC PTA/PTSA Founder's Tea |
| <input type="checkbox"/> HCC PTA/PTSA Presidents/Principals Breakfast | <input type="checkbox"/> HCC PTA/PTSA Reflections Gallery/Reception | |
| <input type="checkbox"/> Florida PTA Leadership Conference/Convention | <input type="checkbox"/> Florida PTA Legislative Event(s) | <input type="checkbox"/> National PTA Convention |

COMPLETE THIS APPLICATION IN ITS ENTIRETY.

_____ Date	_____ Person Completing Application	_____ Contact Number (In case of questions)	_____ President's Signature
			_____ Principal's Signature

Mail this application on or before the deadline of 3/20/2017 to:

HCC PTA/PTSA
ATTN: Awards Chairperson
c/o Palm River Elementary School
805 Maydell Drive
Tampa, FL 33619
School Mail Route 5