



HEALTH/SAFETY PROGRAM AWARD

Name of Local Unit: _____

Name of Program/Fair: _____

Date of Program/Fair: _____ # of Participants: _____

Criteria for Award: 3 ITEMS must be met in order to qualify:

1. **PTA/PTSA plans and implements** a health and/or safety program/fair that promotes awareness of health or safety issues, or physical activity for families.
2. Must be a PTA in good standing: See all SIX requirements at <https://www.dccpta.org/running-your-pta/local-unit-compliance/>.
3. Submitted to the DCCPTA Awards Chair:

Deadline: On or before March 22, 2018 at 12 noon.

Email: Email the documents to awards@dccpta.org.

**If you prefer to submit a paper copy of your application, you must contact the awards chair by email (awards@dccpta.org) no later than March 18, 2022 to arrange drop off.*

Description of Project: (attach description on one (1) additional page, you may use both sides)

PTA President's Name (print): _____

PTA President's Signature: _____

Principal's Name (print): _____

Principal's Signature: _____