



Name of Local Unit: _____

Name of PTA President: _____

President's Phone Number: _____

President's Email: _____

Name of Project: _____

Number of Participants: _____ Number of Volunteer Hours: _____

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

1. PTA/PTSA plans and participates in a reading program or project.
2. Must be a PTA in good standing: See all SIX requirements at <https://tinyurl.com/DCCPTA22-23>
1. Submitted to the DCCPTA Awards Chair **on or before March 28, 2023, at 12:30pm.** Award application and documentation must be submitted in person at an DCCPTA General Membership Meeting – with the last opportunity being March 28 until 12:30pm.

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: _____