

Michigan PTSA Nomination Form 2007–2008 Phoebe Apperson Hearst–National PTA Excellence in Education Partnership Award



Description of the Award

The Phoebe Apperson Hearst–National PTA Excellence in Education Partnership Award recognizes PTAs whose collaborative efforts with parents, families, educators, and community members promote parent/family involvement in ongoing programs that support and encourage student success.

The success of students is the responsibility not only of families and schools, but also of communities. Though the nature of the responsibility varies, everyone can contribute in a meaningful way. Effective partnerships involve families, students, schools, and communities, and inform all these stakeholders of how their collaborative efforts can create better programs and opportunities that lead to the success of students.

Who Should Apply

Any local PTA in *good standing* with the state and national PTAs may apply. Local PTAs may submit applications to their state PTAs, and each state PTA may submit one application for national consideration.

What the Award Recipient Receives

The national winner will

- Receive two expense-paid trips, one for the PTA president or designee and one for a representative of the collaborative partner, to the 2008 National PTA Convention.
- Participate in convention activities designed to recognize award winners.
- Be featured in national PTA publications.
- Receive \$2,000 for a PTA program promoting parent involvement.

There will be up to four honorable mention recipients, each of whom will receive \$500. The national winner and four honorable mentions will each receive a commemorative award. All qualified applicants for the award will receive a certificate of participation.

The national winner and honorable mention recipients will be notified in early June 2007. Award money will be distributed in July 2007. All applicants will be notified of their status by the end of July 2007.

Application Requirements

To be considered for the award, a local PTA must submit the following:

- A completed application cover sheet
- Narrative responses to the selection criteria listed below
- Two letters of recommendation (on organization letterhead, with original signatures)
 - One from the school principal, the school district superintendent/director, or a community leader
 - One from the collaborative partner

Selection Criteria

Prepare a narrative for each of the following selection criteria:

1. Describe your program. (20 points)
 - a. Why was the program created?
 - b. Who is the collaborative partner?
 - c. What are the goals of the program?
2. What have been the results of the program? (50 points)
3. How has the program supported and encouraged student success? (20 points)
4. How would you use the Hearst Award to strengthen the program? (10 points)

Type or word process your responses to the selection criteria on 8½" x 11" plain white paper, single-sided, double-spaced, with 1-inch margins on all sides. Use Times New Roman 12-point or larger computer font, or equivalent typewriter pitch, in black ink. Number the pages, and include the local PTA's name on the top of each page. Answer the selection criteria in the order given here; number the responses. The responses to all four selection criteria together may be no longer than six (6) pages total.

Michigan PTSA Nomination Form 2007–2008 Phoebe Apperson Hearst–National PTA Excellence in Education Partnership Award



APPLICATION COVER SHEET

This cover sheet must be typed. The entire form must be completed.
State deadline: FEBRUARY 28

State _____

Eight-digit local PTA ID number 00_____
(found in upper left corner of National PTA mailing labels)

Local PTA name _____

School or project site _____ School or project site phone _____

School or project site address _____

Local PTA president _____ Local PTA president's signature _____ Date _____

Local PTA president's address _____

Local PTA president's daytime phone _____ Evening phone _____ E-mail address _____

Submitter's name and title _____ E-mail address _____

Collaborative partner _____ Collaborative partner contact person _____

Collaborative partner's address _____

Collaborative partner's daytime phone _____ Evening phone _____ E-mail address _____

Submitter's signature _____ Date _____

Total student population being served _____ Total membership of your PTA _____

Return Nomination Form and all required documentation by **February 28th** to:
Michigan PTSA
Att: Awards Committee
7402 Westshire Drive Suite 115
Lansing, MI 48917
Phone: 517-622-4782 Fax: 517-622-4788

For State and National Use Only: Local PTA in good standing Yes _____ No _____

State president's signature (original signature required) _____

Verified that the collaborative partner is not in direct conflict with PTA positions. (To see PTA's national positions, go to http://www.pta.org/issues_and_action.html.) Yes _____ No _____

Total number of local PTAs in the state _____

Total number of applications received for consideration _____