**SCCPTA PTA/PTSA AWARD**

**TOP HEALTH AND WELLNESS AWARD**

Entry information 2017-2018

Name of PTA/PTSA

Name of PTA/PTSA President

Name of School Principal

**Include in your submission the following:**

**Submit a brief write-up of the project or program you planned and implemented.**

1. Describe the project/program, implementation, and participants.
2. Describe how the project/program involved and benefited the students, parents, staff and community.
3. Describe how the project/program included and met the goals, objectives and mission statement of the PTA.

**IMPORTANT INFORMATION**

* This cover sheet must accompany your entry.
* You may submit more than one project and/or program for consideration.
* This cover sheet must accompany EACH project/program entry.
* To be eligible for awards your PTA/PTSA must be a member of SCCPTA in good standing.
* All dues must be paid to SCCPTA and FLPTA.
* To ensure complete objectivity and anonymity in the judging process, please do not mention the name of your PTA, school or individuals in the text of your entry.

**Submit by mail to: Deb Paul, P.O. Box 520806, Longwood FL. 32752**

**Entry must be postmarked by April 11, 2018. If you have any questions, please contact Deb Paul, SCCPTA Awards Chair at SCCPTA.Awards@gmail.com**