

DEADLINE: Application must be
postmarked no later than
April 1, 2014

MAIL TO: Missouri PTA
2101 Burlington Street
Columbia, MO 65202

MISSOURI PTA STUDENT SAFETY AWARD

PTA units and councils promote safety education and awareness among students and their families. The purpose of the Student Safety Award is to honor an outstanding individual student who either contributed to the safety of another person(s) or was involved in promoting a safety program.

Please complete all questions on the application below. On another piece of paper, please include a brief summary that describes the circumstances or the program to be considered as we select the Student Safety Award winner. The program or heroic effort must have taken place between April 2, 2013 - April 1, 2014. The winner of this award will be honored during the annual PTA state convention. A selection committee composed of Missouri PTA Board of Managers members will review all applications.

Please print or type the information requested below.

In order to be eligible for consideration, the following requirements must be met:

- _____ Candidate must currently be a student in Missouri.
- _____ Candidate must have made a brave or heroic effort which contributed to the safety of another person or persons.

OR

- _____ Candidate must have made an outstanding contribution to the Success of a Safety program involving home, school, and/or community.

IN ADDITION

- _____ Application must be submitted by unit/council in good standing.
- _____ Adheres to the Purposes and basic policies of PTA
- _____ Remits national and state dues to the state PTA by dates requested
- _____ Has bylaws approved every three years according to the procedures of the state PTA
- _____ Submits a copy of the unit's fiscal year-end report and annual financial review to the state PTA by December 1, 2013
- _____ Submits a copy of the required IRS tax form to the state PTA by December 1, 2013
- _____ Submits the names and addresses of officers to the state PTA by March 31, 2014
- _____ Meets other criteria as may be prescribed by the state PTA

Substantiating letter or other documents (i.e. newspaper clipping) must accompany application.

Student Name _____ Age/Grade _____ Phone (____) _____
Parent/Guardian Name(s) _____
Student Address _____
City _____ Zip _____ PTA Unit _____
President _____ President's Address _____
City _____ Zip _____ President's Phone (____) _____
E-mail: _____
School Name _____
School Address _____
City _____ Zip _____

Date of last bylaws approval _____