

Growth Through Leadership Award - Phase Two

Name: _____

Address: _____

(City, State, Zip Code)

Unit/Council Name: _____

Unit/Council Code Number: _____ - _____

Date Completed: _____

MANDATORY REQUIREMENTS



Leading the PTA Way: Presentation Skills for Leaders: A training to be offered at least once per year at a state event emphasizing presentation skills

_____ Date: _____
(Verification stamp)



Service for at least one term as an elected PTA officer

_____ Dates of Service: _____
(Verification stamp)



Service on a regional PARP Conference Committee

_____ Dates of Service: _____
(Verification stamp)



Service of a least one year on an advisory committee in your local school district, e.g. a shared decision making team, a principal/superintendent selection committee, etc.

_____ (Name of Committee/School District)
_____ Dates of Service: _____
(Committee Chairman's Signature)



Service as a school board member (Three year limit does not apply.)

_____ Dates of Service: _____
(Signature of Board President)



Submission of a resolution to the NYS PTA Resolutions Committee

_____ Date: _____
(Verification stamp)



Attendance at a Building Successful Partnerships (BSP) presentation

_____ Date: _____
(Verification stamp)



Achievement of a PTA Award (e.g., Honorary Life, Jane Skrzypek, Distinguished Service, District Award, etc.) (Three year limit does not apply.)

_____ Date: _____
(Verification stamp)



Participation in a PTA Region outreach presentation (e.g., pre-chartering, promotional meeting, chartering meeting, etc.)

_____ Date: _____
(Region Director's Signature)



Service on a Jenkins Award Committee

_____ Date: _____
(Region Director's Signature)



Presentation of a workshop at a PTA Region/State event

_____ Date: _____
(Region Director's Signature)

CHOOSE 3 OF THE FOLLOWING 5 WORKSHOPS



Leading the PTA Way: Communications - Are You Hearing What I'm Saying?

_____ Date: _____
(Verification stamp)



Leading the PTA Way: Teams, Meetings and Transitions

_____ Date: _____
(Verification stamp)



Leading the PTA Way: The Power of Sharing Resources

_____ Date: _____
(Verification stamp)



Leading the PTA Way: Advocacy Into Action

_____ Date: _____
(Verification stamp)



Leading the PTA Way: Fiduciary Responsibility is Everyone's Business

_____ Date: _____
(Verification stamp)

CHOOSE 6 OF THE FOLLOWING 15 SERVICE/LEADERSHIP OPPORTUNITIES

All participation/service must be within the three-year time-frame in which the award is earned, except as indicated.



Work on a Region team for a NYS PTA Convention

_____ Date: _____
(Verification stamp)



Participate on a committee for your PTA Region

_____ Dates of Service: _____
(Verification stamp)



Service as a PTA Region Board Member

_____ Dates of Service: _____
(Verification stamp)



A published article in a Region/State publication (e.g. Region newsletter, NYS Parent Teacher Magazine, etc.)

_____ Date: _____
(Verification stamp)



Chairmanship of a PTA Region event such as a Spring Conference or Legislation Event

_____ Date: _____
(Verification stamp)

Please send completed forms to:

New York State PTA
One Wembley Court
Albany, NY 12205-3830