



Take Your Family to School Week Award Application

Applicant Information:

Local Unit PTA/PTSA Name: _____

Unit President Name: _____

School Name: _____

School Address: _____

City/State/Zip Code: _____

E-mail: _____ Contact Phone: _____

If approved, the grant award will be payable to the applicant's PTA/PTSA, which agrees to serve as the fiscal agent. As signor, I agree that I will comply with the following conditions:

- Maintain separate records of this disbursement related to the award
- Keep records for three years and make them available for review if requested
- Disburse funds in accordance with the purpose of this application

PTA/PTSA President Signature: _____

Please answer the following in 400 words or less:

In what unique ways will your PTA/PTSA promote the purpose of PTA Take Your Family to School Week, which is to promote expanding and enhancing family engagement in schools across Arizona.

Deadline: January 27, 2012 (postmark or fax date)

Delivery to: Arizona PTA, 2721 N. 7th Avenue, Phoenix, Arizona, AZ 85007
Fax number 602-279-1814