



JUDITH SHAPIRO PARLIAMENTARY AWARD

APPLICATION

**This award can be given to both PTA members and/or students.
 Please complete the application in the appropriate areas.**

Name: _____ Phone: _____

Address: _____

Town: _____ Zip Code: _____

PTA/PTSA Name: _____ Code # 10- _____

For PTA Member Applicant Only:

Present PTA position: _____

PTA positions held: _____

How long have you been a PTA/PTSA member? _____

Attach a copy of your PTA/PTSA membership card.

For Student Applicant Only:

Check Grade: Sophomore Junior

School/Community Service: _____

All Applicants:

Be sure to answer the question on back of this page.

