

JUDITH SHAPIRO PARLIAMENTARY AWARD 2023

This application MUST be filled out completely to be considered for this award.

APPLICATION

**PTA members and High School sophomore or junior students may apply for this award.
Please complete the appropriate application sections.**

Section 1: ALL Applicants

Name: _____ Phone: _____

Address: _____

Town: _____ Zip Code: _____

PTA/PTSA Name: _____ Code #10- _____

Section 2: 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.

Section 3: For Student Applicant Only:

Check Current Grade: Sophomore Junior

List Your School/Community Service: _____

Application Continues on page 2.

