

# APPLE AWARD

## QUALIFICATIONS:

- 1) 100% Teacher membership (full-time classroom teachers)
- 2) Form received at the Iowa PTA Office by March 1

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PTA Unit Name \_\_\_\_\_

% Of Teacher Membership \_\_\_\_\_

President's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

President's Signature \_\_\_\_\_

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*Iowa PTA  
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