

Public Awareness Award Application 2013-2014



Deadline- Application must be submitted on or before June 1, 2014
Please use additional paper if necessary

Katy's Kids

A. Please provide a listing of each Katy's Kids Program that is presented in the community including, date, time, location, and include a photo of the event. Each new/different presenter will receive one (1) point. If the same presenter was involved several times, they will only receive one (1) point.

Date/Time of Event	
Location of Event	
Presenters	

Date/Time of Event	
Location of Event	
Presenters	

Date/Time of Event	
Location of Event	
Presenters	

Points _____

Generation Rx

A. Please provide a listing of each Generation Rx Program that is presented in the community including, date, time, location, and include a photo of the event.

Date/Time of Event	
Location of Event	
Presenters	

Date/Time of Event	
Location of Event	
Presenters	

Points _____

Community Health Fairs and Events

A. Please provide a listing of each time the chapter or student group hosts a table at a health fair, campus wellness event, or community event, including, date, time, location, and include a photo of the event. Each new/different participant that assisted with the table will receive one (1) point. If the same participant was involved several times, they will only receive one (1) point.

Date/Time of Event	
Location of Event	
Participants	

Date/Time of Event	
Location of Event	
Participants	

Points _____

Media Outreach

A. Please attach a copy of each press release that is written in coordination with your school's press office or communications office about student community activity that is sent out to the media.

Topic of Press Release	
Date of Press Release	

Topic of Press Release	
Date of Press Release	

Points _____

B. Please attach a copy of each time the chapter or student group has been covered by the campus media, worth three (3) points, the local media, worth five (5) points, or national media, worth ten (10) points. A copy of the article, or links to the coverage are both acceptable.

Name of Media Outlet	
Date of Coverage	
Link to Coverage or Copy of Article	

Name of Media Outlet	
Date of Coverage	
Link to Coverage or Copy of Article	

Points _____

C. Please provide a listing of each time the chapter or student group posted something related to a PPA chapter/student group or PPA event or activity at their school of pharmacy on PPA's Facebook Fan Page.

Date of Post to PPA Facebook Fan Page	
Number of "likes" on post	

Date of Post to PPA Facebook Fan Page	
Number of "likes" on post	

Points_____

D. Create a video to promote PPA, PPA events/activities, or related chapter/student group events/activities and post the video on YouTube. Include the link to the YouTube Video.

Link to YouTube Video	
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Points_____

PPA Publications

A. Please attach a copy of each time a chapter or student group member wrote a Student Rotation article for the PPA Student Voice newsletter.

Name of Student Featured in the Rotation Corner	
Issue of the Student Voice that featured Student Rotation Article	

Name of Student Featured in the Rotation Corner	
Issue of the Student Voice that featured Student Rotation Article	

Points_____

B. Please attach a copy of each time a chapter or student group member wrote an article for the *Pennsylvania Pharmacist* magazine.

Name of Pharmacist in Profile in Pharmacy Innovation Article	
Issue of the <i>Pennsylvania Pharmacist</i> magazine that featured an article	

Issue of the <i>Pennsylvania Pharmacist</i> magazine that featured the article	
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Points _____

Bonus Points (to be awarded by PPA)

A. Creative Public Awareness Efforts _____

Points _____

Description	
Date/Time	
Attendance	

Description	
Date/Time	
Attendance	

B. Communication Ambassador
Name _____

Points _____

Total Points (amount to be verified by PPA) _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge.

PPA Student Representative or Chapter President:

Name (printed)	
Signature	
Date	

Faculty Liaison:

Name (printed)	
Signature	
Date	

Award

One award of \$200 will be presented annually. Winners will be announced at the 2014 Annual Conference.

It is the policy of PPA that the reward will be used to benefit the PPA Student Organization through future PPA events, or creation of public relations or marketing materials.

If school is award recipient then please make check payable to:

Please submit electronically no later than June 1st, 2014
to Courtney Box, Membership Coordinator, cbox@papharmacists.com

Thank you for completing this application form and for your involvement in PPA over the last school year.

Pennsylvania Pharmacists Association
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Harrisburg, PA 17101-1199
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www.papharmacists.com