PPA Affiliate School Merit Request Form

Requests must be sent at least two weeks prior to the event in order to receive merit certificates for the event date.

Merit certificates will be mailed to the contact person on this form.

Affiliate Event Date(s):_____ Affiliate Name: Affiliate Event Name: Contact Person: Address: ______ Email: merits@ppa.com Mail: PPA - MERITS City, State, Zip: ______ 229 Peachtree St. NE, Suite 2200 Atlanta, GA 30303 404.614.6400 Fax: Phone: ______ **STUDENTS:** 2 Service Merits (256) Directors should e-mail student rosters with PPA ID#s and addresses to merits@ppa.com. PRIMARY INSTRUCTOR: 5 Speaking Merits (218) Name PPA ID#

GUEST INSTRUCTOR: 1 Speaking Mer	it (per day of service) (Me	rit codes: 301-3,303-2,30	02-1)
Name	PPA ID #		Number of Speaking Merits
INSTRUCTOR ASSISTANT: 1 Service classes with 8 or more students, with one assistan	nt maximum per class. (Me	, 3 maximum per course) erit codes: 240-3, 289-2,	293-1)
Name	PPA ID #		Number of Service Merits
DIRECTOR OF AFFILIATE SCHOO)L PER CALENDA	R YEAR*: 5 Service PPA ID #	Merits (Merit code: 332)
*Sessions must be held for merits to be issued.			
TRUSTEE*: 1 Service Merit. (1 per day / 3 ma	aximum) (Merit code: 333)		
Name		PPA ID #	