

## **Community Network School Merit Request Form**

School Name	:	School Event Date(s):		
School Event Name:		Contact Person:		
Email: Mail:	merits@ppa.com PPA - MERITS 229 Peachtree St. NE, Suite 2200 Atlanta, GA 30303	Address:		
Fax:	404.614.6400	Phone:		
	S: 2 Service Merits (256) uld e-mail student rosters with PPA ID#s and add	esses to merits@ppa.com.		
PRIMARY I	NSTRUCTOR: 5 Speaking Merits (218)	PPA ID #		

GUEST INSTRUCTOR: 13	Speaking Merit (per day of service	e) (Merit codes: 301-3,30	3-2,302-1)
Name	PPA ID #		Number of Days
classes with 8 or more students, with	NT: 1 Service Merit (per day of sent one assistant maximum per class	ervice, 3 maximum per co ss. (Merit codes: 240-3, 2	ourse). Instructor Assistant Merits will be available to (189-2, 293-1)
Name	PPA ID#		Number of Days
			AR YEAR*: 5 Service Merits (Merit code: 332)
Name		PPA ID#	
*Sessions must be held for merits to	be issued.		
TRUSTEE*: 1 Service Merit. (1	per day / 3 maximum) (Merit code	e: 333)	
Name	PPA ID#		Number of Days