

## HONORARY SERVICE AWARD\* NOMINATION FORM FOR UNIT, COUNCIL AND DISTRICT PTAs

The Honorary Service Award Selection Committee requests that members of \_\_\_\_\_ PTA/PTSA assist in the selection of deserving recipients for recognition at PTA/PTSA event or at a PTA meeting. Nominated individuals or organization who have made significant contributions to the well being of children, youth or families in this school and/or community can be considered for this award. Current members, officers and teachers may also be considered for this award.

\*Honorary Service Award Program includes the Honorary Service Award (HSA), Continuing Service Award (CSA), Golden Oak Service Award (California's highest honor), Very Special Person Award (VSP) and Donations in name of individual or organization. (See *Toolkit*, Section 7.6.3 Honorary Service Award (HSA) Program)

### HONORARY SERVICE AWARD PROGRAM

— — — please print — — —

**Specify award category:**

- |   |  |
|---|--|
| <input type="checkbox"/> Honorary Service Award (HSA)   | <input type="checkbox"/> Very Special Person Award (VSP) |
| <input type="checkbox"/> Continuing Service Award (CSA) | <input type="checkbox"/> Donations                       |
| <input type="checkbox"/> Golden Oak Service Award       |  |

**Name of individual nominated:** \_\_\_\_\_

Title or position: \_\_\_\_\_

**Name of organization nominated:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Reason for nomination:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of person submitting the nomination:** \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_ Date: \_\_\_\_\_

All nominations will be considered. The HSA Selection Committee will select the recipient.

Nomination DUE DATE for presentation: \_\_\_\_\_, 20\_\_\_\_

**PLEASE RETURN FORM TO:** \_\_\_\_\_ **PTA/PTSA**

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