

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 Very Special Person Award (VSP), Honorary Service Award (HSA), Continuing Service Award (CSA), Golden Oak Service Award (GOSA – California’s highest honor), Outstanding Teacher Award (OTA), Outstanding Administrator Award (OAA) and Donations in name of an individual or organization. (See *Toolkit*, Programs chapter Honorary Service Award (HSA) Program)

Honorary Service Award Program

Please Print

Specify award category:

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

Name of individual nominated: _____

Title or position: _____

Name of organization nominated: _____

Contact Person: _____

Address: _____

Phone: (____) _____ Email: _____ Date: _____

Reason for nomination:

Name of person submitting the nomination: _____

Phone: (____) _____ Email: _____ 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**