

**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**

- - - please print - - -

**Specify award category:**

- |   |  |
|---|--|
| <input type="checkbox"/> Honorary Service Award (HSA)   | <input type="checkbox"/> Outstanding Teacher Award       |
| <input type="checkbox"/> Continuing Service Award (CSA) | <input type="checkbox"/> Outstanding Administrator Award |
| <input type="checkbox"/> Golden Oak Service Award       |  |

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

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

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

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

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

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Reason for nomination:**

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

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

Telephone: (\_\_\_\_) \_\_\_\_\_ 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**

\_\_\_\_\_