

**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:**

- Very Special Person Award (VSP)
- Honorary Service Award (HSA)
- Continuing Service Award (CSA)
- Golden Oak Service Award
- Outstanding Teacher Award (OTA),
- Outstanding Administrator Award (OAA)
- Donations

**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**