

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

The Honorary Service Award Selection Committee requests that members of Banyan Elementary School 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:** Banyan Elementary School **PTA/PTSA**

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