



SERVICE AWARD

PA-TSA, Inc. Board of Directors

NOMINATION FORM

PURPOSE

The purpose of this award is to recognize an individual, other than an advisor, who had dedicated his/her time, talents, and tireless efforts to make their local TSA Chapter the best organization possible.

CRITERIA FOR AWARD SELECTION AND PROCEDURE

Please Review the information found at <http://patsa.org/as/>

NOMINEE INFORMATION

Name of Nominee: _____

TSA Chapter Associated with: _____

Number of years involvement with TSA: _____

Services Award (Select One): Dr. Thomas Winters Award
 Donald Rickard Memorial Volunteer Award

BRIEF DESCRIPTION WHY

Complete the below are with a brief description of why this person deserves this recognition. Be sure to include examples that support the individual fulfilling at least four of the criteria. The document must be computer generated. You may submit a typed sheet attached as long as it is no larger than the area below (approx. 4").

CONTACT INFORMATION for person completing this form:

Name _____

Phone Number _____

Email Address _____

Completed form must be postmarked by January 15th and sent to:

Chris Roth
229 S. 9th Street
Quakertown, PA 18951

OR it can be faxed to:
570.372.2185