

# GOLDEN ACORN NOMINATION



I recommend that \_\_\_\_\_  
be awarded the annual Golden Acorn Award given by the Samantha Smith  
Elementary PTSA. She/He has demonstrated an outstanding personal  
commitment to improving the lives of children and youth in the following ways:

Please be as specific as possible. Evaluations and selections are based on the  
criteria below. Additional pages may be submitted.

A. PTSA service:

B. School volunteer activities(non-PTSA):

C. Other LWSD learning community service:

D. Other community service (non-school/non-PTSA):

Please complete in the event we need  
to contact you for additional information.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_