

OUTSTANDING ADVOCATE NOMINATION

l recommend that
Please be as specific as possible. Evaluations and selections are based on the criteria below. Additional pages may be submitted.
A. PTSA advocacy:
B. School advocacy (non-PTSA):
C. Advocacy at the LWSD or state level:
D. Other community advocacy (non-school/non-PTSA):
Please complete in the event we need to contact you for additional information.
Name:

Phone: _____