



SPIRIT OF SANDY SPRINGS AWARD

Nomination Form

RETURN TO: Sandy Springs Society, PO Box 720074, Atlanta, GA 30358

NOMINEE'S NAME: _____

ADDRESS: _____

TELEPHONE #: _____ **EMAIL:** _____

OCCUPATION (if retired, former occupation): _____

_____ Please describe Nominee's volunteer experience, concentrating especially on the past five years. Community service should be listed in order of importance.

Organization (Name, Address)	Volunteer Job Description/ Positions Held)	Dates	Honors Received (if applicable)

Please use the space below to describe why you feel the nominee personifies the “Spirit of Sandy Springs.” Additional pages may be attached, if necessary. Support letters (Limited to three (3), although not required, may be included.

Sponsor’s Name: _____

Sponsor’s mailing address: _____

Organization/Position (if applicable): _____

Telephone #: _____ **Email:** _____

Signature: _____ **Date:** _____