

Council Awards Nomination Form

Date Submitted _____

Date Received _____

Instructions:

- Information must be typed or printed by hand.
- Follow the criteria given for each recognition in “Awards and Recognitions for Adult Girl Scouts”.
- After completing this form please forward to the Service Unit’s Recognitions Chairperson.
- All nominations must be submitted with required letters and signatures of endorsement, by the Service Unit’s Recognitions Chairperson to the address below.
- **March 1 is the deadline for council level recognitions to be in the Council office.** Any nomination received after March 1 will be returned to the individual submitting the nomination.

Recognition applied for (*check one*):

___ Numeral Guard (20 years & over)

of Years _____

___ Years of Service (15 years & over)

of Years _____

___ Outstanding Achievement Award

___ Thanks Badge

___ Appreciation Pin

___ Thanks Badge II

___ Shining Light Award

___ Trefoil Award

___ Honor Pin

___ Jessie Blair Above & Beyond Award

___ Community Award

Nominee Information:

Name: _____

Phone (day) _____ Email _____

Address _____

Service Unit _____

Information of Person Recommending Award:

Name _____

Phone (day) _____ (eve) _____ Email _____

(See Reverse Side To Complete Nomination)

Council Awards Nomination Form – Side Two

Endorsements:

On a separate piece of paper, please describe the service performed by the nominee, which fulfills the criteria as listed for the requested award. Be sure to include:

- How nominee has delivered service beyond expectations of the position(s) held.
- List the impact and results of this person's actions including specific audience benefiting service.

Please list names and positions of individuals endorsing this nomination:

(For number required, please consult recognitions guidelines for individual award.)

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

*****For Community Award Nominations*****

Name as it should appear on plaque

Please print or type clearly, as this will be engraved on actual award. May be either an individual or organization/business.

Contact Name: _____

Organization/Business Name _____

Phone (day) _____ Email _____

Address _____

Signature of Service Unit Recognitions Chairperson

Date

Monmouth Service Center:

242 Adelpia Road, Farmingdale, NJ 07727-3525
Phone: 732-938-5454 Fax: 732-938-7463

Ocean Service Center:

1405 Old Freehold Road, Toms River, NJ 08753
Phone: 732-349-4499 Fax: 732-349-4690