**GSUSA Adult Awards**

**Nomination for Appreciation Pin**

**Description**

The Appreciation Pin recognizes an individual’s exemplary service in support of delivering the Girl Scout Leadership Experience. This service, which has had measureable impact on at least one geographic area of service (service unit), helps reach and surpass the mission-delivery goals for that area.

**Criteria**

* The candidate is an active, registered adult Girl Scout.
* The service performed by the candidate is above and beyond the expectations for the position held and made an impact on at least one or more service units within the council’s jurisdiction.

Letters of support (Form 4065) are needed from two or more additional individuals.

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| Name of person completing nomination form:       |
| Street:       |
| City:       | State:       | Zip:       |
| E-mail:       | Phone:       |
| Best time and method to contact you:       |

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| Name of nominee:       |
|  | Street:       |
|  | City:       | State:       | Zip:       |
|  | E-mail:       | Phone:       |
|  |
| Is the nominee a member of Girl Scouts?  |
|  | [ ]  Yes [ ]  No [ ]  Not sure |
|  |
| Current position(s) held by nominee: |
|  |       |
| Service Unit(s)/Areas on which the nominee has made an impact: |
|  |       |

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| Please list the names and contact information for individuals submitting letters of endorsement (minimum of four letters from three or more regions of the council): |
| Name:       | Email:       |
| Region:       | Phone:       |
|  |
| Name:       | Email:       |
| Region:       | Phone:       |
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| Name:       | Email:       |
| Region:       | Phone:       |
|  |
| Name:       | Email:       |
| Region:       | Phone:       |
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| Please describe how the nominee has delivered outstanding service that has benefited the Service Unit/Area. Describe the specific, measurable impact the nominee has made through this service, which has allowed the Service Unit(s) to reach or surpass its goals. Attach additional pages, if necessary. |
|       |

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| Signature of person submitting nomination:       | Date:       |

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| Recognition Committee decision:[ ]  Approved [ ]  Denied [ ]  Pending |
| Date of Recognition Committee meeting:       | If pending, describe the information required:      |

Please e-mail to adultrecognitions@gsvsc.org

**Deadline is October 31. This award requires Board approval.**

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| ***For Office Use Only***Council Board approval:[ ]  Approved [ ]  Denied [ ]  Pending |
| Date of Board meeting:       | If pending, describe the information required:       |