



Nomination for Skyline Hall of Fame

Description: Recognize an adult member who has been an adult member for twenty-five years, for service that far exceeds the expectation of any position.

- Criteria:**
1. Current or former registered adult Girl Scout (staff or volunteer) for at least twenty-five years.
 2. Is in good standing with Girl Scouts of Virginia Skyline Council.
 3. Provided service that has had/will have a long lasting impact on the Girl Scout organization.

Note: may be awarded posthumously.

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

Nominee contact information:		
Name:	E-mail:	
Street:		
City:	State:	Zip:
Date:	Area served: GSVSC region:	Or entire council: <input type="checkbox"/>
Name and complete address of person recommending the award:		
Name:	E-mail:	
Address:		
City:	State:	Zip:
Day phone number: - -	Evening phone number: - -	
GS position(s) :		
Nominee information:		
A. Position in Girl Scouting:		
Additional current or past positions:		
B. What has the nominee done that could be described as consistently above and beyond the expectations of their position(s)?		
Which girls or volunteers specifically benefited from this? May list specific names or groups of individuals.		

How have these actions provided service that has or will have long lasting impact on the Girl Scout organization?		
Please add any details that will help describe the dedication this nominee has had for the girls or volunteers of the Girl Scout organization.		
How does the nominee exhibit an understanding of and commitment to the mission of Girl Scouting?		
Letters of support are needed from at four or more individuals who are familiar with the service performed. Please use form #4065 (Letter of Support). When completed, attach them to this nomination. List below the names of persons asked to provide letters of support:		
Name:	Position:	Service Unit:
Name:	Position:	Service Unit:
Name:	Position:	Service Unit:
Name:	Position:	Service Unit :
Name:	Position:	Service Unit:
Signature of nominator:		Date submitted:

E-mail to: adultrecognitions@gsvsc.org

Deadline is October 31

Award requires the approval of the Board of Directors.

For Office Use Only

Recognition Committee decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending, more information required
Date of Recognition Committee meeting:
If pending, please describe the information required:
Council Board approval: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending, more information required
Date of Board meeting:
If pending, please describe the information required: