**GSUSA Adult Awards**

**Nomination for Honor Pin**

**Description**

The Honor Pin recognizes an individual’s exemplary service in support of delivering the Girl Scout Leadership Experience, which has had measurable impact on two or more geographic areas of service (service units), allowing the council to reach and surpass its mission-delivery goals.

**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 two or more service units/areas within the council jurisdiction.

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

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

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

|  |
| --- |
| 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:       |
|  |
| Name:       | Email:       |
| Region:       | Phone:       |
|  |
| Name:       | Email:       |
| Region:       | Phone:       |
|  |

|  |
| --- |
| **Please describe how the nominee has delivered outstanding service that has benefited the 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.** |
|       |

|  |  |
| --- | --- |
| Signature of person submitting nomination:       | Date:       |

Please e-mail to adultrecognitions@gsvsc.org

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

***For Office Use Only***

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

|  |
| --- |
| Council Board approval:[ ]  Approved [ ]  Denied [ ]  Pending |
| Date of Board meeting:       | If pending, describe the information required:       |