

***Award Nomination Form***  
***APPRECIATION PIN***

**The Appreciation Pin recognizes an adult who has delivered outstanding service to at least one geographic area, service unit, or community.**

An individual or group familiar with the nominee's performance submits a completed nomination form and **two** letters of endorsement. Retain one copy and mail the originals to: Girl Scouts—Dakota Horizons, Attn: Adult Development and Program Director.

Letters of endorsement are required. Utilizing the letter of endorsement outline, include **two** letters of endorsement from individuals, troop/group members, their families or employers (anyone other than the nominator) that describe the scope and impact of the nominee's service to Girl Scouting in at least one geographic area, service unit or community.

**PLEASE TYPE OR PRINT. USE INK.**

Name of Nominee: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Troop/Group #: \_\_\_\_\_ Service Unit: \_\_\_\_\_

Current Position(s): \_\_\_\_\_

**Criteria for Selection:**

- The nominee is currently a registered Girl Scout adult volunteer or staff member.**
- The nominee has provided outstanding service to a geographic area, service unit or community in a way that furthers the council's goals.**
- The service goes beyond the expectations of the position description.**

**BE SPECIFIC AND FACTUAL WITH YOUR ANSWERS**

Describe how the nominee has delivered service beyond expectation of the position

within the Troop: \_\_\_\_\_

within the Service Unit: \_\_\_\_\_

within the Council: \_\_\_\_\_

List the impact and results of this person's actions

within the Troop: \_\_\_\_\_

within the Service Unit: \_\_\_\_\_

within the Council: \_\_\_\_\_

List two examples of sound decision-making by the nominee:

1) \_\_\_\_\_

2) \_\_\_\_\_

List other roles this nominee has within the community:

Nominator Name, Address and Phone #:

Email Address: \_\_\_\_\_

Signature of Nominator: \_\_\_\_\_ Date: \_\_\_\_\_

**RECOGNITION TASK GROUP:**

Print out attached list of previous Girl Scout Awards received.

Number of membership years as a: Girl Member: \_\_\_\_\_ Adult Member: \_\_\_\_\_

Recommend to receive **APPRECIATION PIN**. Date: \_\_\_\_\_

Letter sent to nominator. Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Not recommended. Comments: \_\_\_\_\_

**BOARD OF DIRECTORS:**

Date approved: \_\_\_\_\_ Signature: \_\_\_\_\_