

Girl Scouts of Western Washington  
**AWARD NOMINATION FORM - Southwest**

**Award:**

<input type="checkbox"/> Outstanding Volunteer	<input type="checkbox"/> Outstanding Leader	<input type="checkbox"/> Summit Award	<input type="checkbox"/> Norma Raver True Girl Scout Award
<input type="checkbox"/> Pluralism Pin	<input type="checkbox"/> President's Award	<input type="checkbox"/> Crest Award	
<input type="checkbox"/> Appreciation Pin	<input type="checkbox"/> Honor Pin	<input type="checkbox"/> Thanks Badge	<input type="checkbox"/> Thanks Badge II

**Person being nominated:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Service Unit #:** \_\_\_\_\_ **Girl Scout ID #:** \_\_\_\_\_

**Nominee's number of years in Girl Scouts:** \_\_\_\_\_

*(For information only; not to be used as a criterion for recognition.)*

**Person making the nomination:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone # (Day):** \_\_\_\_\_ **(Evening):** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Service Unit #:** \_\_\_\_\_

**Information which this Nomination is based upon:** Please provide objective, results-oriented information on how the service meets the criteria of the desired award and goes above and beyond the expectations of the position. Please research this information for accuracy since it may be used as part of the presentation of the award. Please print or type, using only blue or black ink.

**Current position(s) held by nominee:** \_\_\_\_\_

**Previous position(s) held by nominee:** \_\_\_\_\_

**Previous awards earned (please include dates if known) by nominee:** \_\_\_\_\_

**Please give a detailed description of how nominee has delivered service beyond expectation of the position(s) held:** \_\_\_\_\_

**List the impact and results of this person's action:** \_\_\_\_\_

Specific audience(s) benefiting from service: \_\_\_\_\_

List other background, community roles and services, if relevant: \_\_\_\_\_

**Please list names and positions of individuals submitting letters of endorsement:**  
(Check award criteria for the correct number of letters required. The nomination form and the letter(s) of endorsement must be written by different people.)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

Signature of person submitting nomination \_\_\_\_\_ Date \_\_\_\_\_

Return this form with the letter(s) of endorsement to:      Adult Recognition Committee  
Girl Scouts of Western Washington  
PO Box 300304  
Seattle, WA 98103-9704

All materials relevant to this application must be **postmarked by January 15** to be considered in that calendar year.  
Attach additional sheets if needed.

<b>For Office use Only</b>					
<b>Recognitions Task Group Recommendation:</b>					
<input type="checkbox"/> Recommend to Board of Directors for approval: _____					
<input type="checkbox"/> Not recommend for the following reason (optional): _____					
<input type="checkbox"/> Suggest alternative award _____					
Recognitions Task Group Chair Signature _____				Date _____	