

# SPIRIT OF GIRL SCOUTING NOMINATION FORM

Due: December 15

Assume that the Task Group does not know this individual/organization – our decision will be based on what you write about this individual/organization. Please legibly print (use black ink) or type all requested information on this form. If more space is needed, you may attach one additional sheet of information. **LATE Nominations are not processed.**

**Description:** Recognizes non-member individuals/organizations who have demonstrated outstanding service to Girl Scouting.

## Nomination and Approval Procedures

Someone submits a completed Nomination Form and the Council Awards Task Group reviews and makes a recommendation to The Board of Directors.

## Criteria for Selection

1. Individual/organization, **who is not a Girl Scout member**, however those who have received an honorary membership from the Council are eligible for this award.
2. Honors those who have shared their expertise to develop Girl Scout program.

## The Award



Recipients receive a wooden plaque with a daisy medallion and brass nameplate on it. It is awarded at the annual Council Adult Awards Event.

## Information about the Nominee

### If the nominee is an individual:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City and Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_

### If the nominee is an organization (business, church, group, etc.)

Organization's Name: \_\_\_\_\_  
Name of Person to Contact: \_\_\_\_\_  
Contact's Address: \_\_\_\_\_  
Contact's City and Zip Code: \_\_\_\_\_  
Contact's Phone: \_\_\_\_\_  
Is this organization currently a Girl Scout Sponsor?  Yes  No  
Which Service Unit is this organization located in? \_\_\_\_\_

Over →

In what capacity are you familiar with the nominee's performance/contributions to Girl Scouting?

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What expertise did the person/organization share in the development of Girl Scout program?

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Describe the person's/organization's service to Homestead Council. **Give specific examples** of what this person/organization has done and/or is doing for Girl Scouting.

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What impact has this service had? **Give specific examples of the results** of this person's/organization's service. How has their service helped meet the Council's goals? Who is the primary beneficiary of their service?

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What other comments or information can you offer that might be helpful to the Adult Awards Task Group?

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**Information about you...**

Name: \_\_\_\_\_

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

City and Zip Code: \_\_\_\_\_

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

**Deadline for Nominations is December 15. Completed Nomination Form should be sent to:**

The Adult Awards Task Group  
Girl Scouts — Homestead Council;  
1701 S 17 Street  
Lincoln, NE 68502

***Equal Opportunity Organization - Committed to Diversity***

#3616 (7/06 Revised) Girl Scouts — Homestead Council; 1701 S.17th; Lincoln, NE 68502; 476-7539 or 1-800-487-2578