



Nomination for President's Award

Name of person completing nomination form: _____

Best way to contact you (phone, e-mail, etc.): _____

Name of nominated team:

Team Lead contact information:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Are all team members current members of Girl Scouts?

Yes No Not sure

Have all team members completed the requirements for their positions?

Yes No Not sure

Does this team reflect the diversity of the target audience or area it serves, in girl and adult membership, in all pathways offered?

Yes No Not sure

Please attach the following supporting documentation to indicate how the team meets the criteria for this award:

- Letter(s) of endorsement Volunteer support resources
 Membership data Volunteer satisfaction data
 Program impact data Service delivery team, service area, and/or council goals
 Other _____

