



Girl Scouts of Eastern South Carolina President's Award Nomination Form

Please submit to GSESC by February 28

Name of Service Unit: _____

Name of Service Unit Chair: _____

Address: _____

Telephone: (home) _____ (work) _____ E-mail address _____

- All Service Team Members are active, registered Girl Scouts:
Yes ___ No ___
- All Service Team Members have met the requirements and expectation of positions held (i.e. training, paperwork on file, submission of reports).
Yes ___ No ___
- The Team reflects the diversity of the target audience or area it serves, in Girl and Adult membership, in all pathways offered.
Yes ___ No ___

Describe how the Team has delivered outstanding service that has significantly contributed to meeting one or more of the Council's mission-delivery goals. Please name the goals.

Describe how this Team actively recognized, understood, and practiced the values of inclusive behavior.

Please attach any supporting documentation to indicate how the Team met the criteria for this award (i.e. membership data, Service Unit event information, Service Unit volunteer support resources etc.)

For Office Use Only

_____ The Adult Recognitions Committee endorses this nomination

_____ The Adult Recognitions Committee denies this nomination

Reason Denied: _____