



# Girl Scouts of Eastern South Carolina

## Board Approved Adult Recognitions Nomination Form

Directions: Fill in all blanks. Be specific. Please type/print. The nominator should forward completed form and letters of endorsement (appropriate number of required endorsement letters must be attached when submitted) by February 28, 2025 to:

**Recognitions Committee  
North Charleston Service Center  
7257 Cross County Road  
North Charleston, SC 29418**

Or email the nomination form to [michaelawatts@girlscoutseasc.org](mailto:michaelawatts@girlscoutseasc.org)

I have carefully read the recognition criteria and feel the following person should be considered for:

- Clara Keithler Pin \*\*
- Appreciation Pin \*\*
- Honor Pin \*\*\*
- Palmetto Pin \*\*\*
- Volunteer of the Year\*\*\*
- Thanks Badge\*\*\*\*
- Thanks Badge II\*\*\*\*
- Juliette Spirit Award\*\*\*\*

\*\* Attach 2 letters of endorsement to application  
\*\*\* Attach 3 letters of endorsement to application  
\*\*\*\* Attach 4 letters of endorsement to application

### Information on Nominee:

Last Name: [Click here to enter text.](#) First Name: [Click here to enter text.](#) Service Unit: [Click here to enter text.](#)

Address: [Click here to enter text.](#) City: [Click here to enter text.](#) Zip: [Click here to enter text.](#)

Email: [Click here to enter text.](#) Phone # [Click here to enter text.](#)

Current position in Girl Scouting: [Click here to enter text.](#)

Other/former Girl Scout positions held: [Click here to enter text.](#)

Please state how this person exemplifies the purpose of the Girl Scout movement in order to qualify for this award. Be as detailed and specific as possible listing qualifications and particular instances. Please include service needed to qualify for award. Attach appropriate number of letters of endorsement.

1. Description of service rendered and who benefited:  
[Click here to enter text.](#)

2. Reasons this service was beyond expectations of position held:  
[Click here to enter text.](#)

3. Indicate how service helped move the council or Service Unit toward its mission and goals:

[Click here to enter text.](#)

**Nominated by**

Name (individual or group contact): [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Telephone (home): [Click here to enter text.](#) (work): [Click here to enter text.](#) (e-mail): [Click here to enter text.](#)

Service Unit Name: [Click here to enter text.](#)

Names of nominating individual(s) or group supplying letters of endorsement: [Click here to enter text.](#)

Name: [Click here to enter text.](#) Date: [Click here to enter a date.](#)

Name: [Click here to enter text.](#) Date: [Click here to enter a date.](#)

Name: [Click here to enter text.](#) Date: [Click here to enter a date.](#)

Name: [Click here to enter text.](#) Date: [Click here to enter a date.](#)

Thank you for your time and consideration.

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**For Office Use Only**

The Adult Recognitions Committee endorses this nomination

The Adult Recognitions Committee denied this nomination

The Board approves this nomination

The Board denies this nomination