

Girl Scouts of Greater Los Angeles

HELPING HANDS NOMINATION FORM

**NOMINATION DUE TO LOCAL SERVICE CENTER
45 DAYS PRIOR TO NEED**

(Submit all required information/letters with nomination form)

Date: _____

Date of Presentation: _____

NOMINEE (Please print)

Name: _____

Mailing Address: _____

Phone: (_____) _____

E-mail: _____

Region and Service Unit: _____

PERSON SUBMITTING NOMINATION FORM (Please print)

Name: _____ Present Girl Scout Position: _____

Mailing Address: _____

Phone: (_____) _____

Email: _____

Region and Service Unit: _____

Nomination should remain a secret from the nominee in case the nomination is not approved. Should this award be approved by the Regional Award & Recognition Committee it may be presented at an appropriate venue and occasion for service given. Recipients may be given their letters of endorsement and application. You will be notified of the committee's decision.

Nomination Process

- ❖ **Read the award** profile, fill out **nomination form** and submit with **two or more supporting letters** detailing the information required.
- ❖ **Make a copy** of nomination form and supporting information to keep
- ❖ **Submit by deadline date**
- ❖ List of nominee's previous awards may be supplied by staff if needed

FOR USE BY GSGLA AWARD & RECOGNITION COMMITTEE ONLY

_____ Endorsed by Committee

_____ Person nominating advised

Girl Scouts of Greater Los Angeles

NOMINATION OF _____ BY _____

Please state how this person has accomplished the criteria needed for the Helping Hands award. Be as detailed and specific as possible listing qualifications and particular instances. Please be sure answers support the service needed to qualify for this award. Attach two letters from two additional people supporting this person's nomination.

1. How long has the candidate given exceptional continuing service for this specific project?
2. Describe the ongoing service rendered and how it benefited the entire GSGLA Council or Region.