



*Appreciation Pin
Award Nomination Form*

INSTRUCTIONS

1. Please complete this form with all the information requested
2. Forward form to Adult Development, Girl Scouts Treasure Trails Council

Information about person submitting award nomination form

Name: _____ SU: _____

Address: _____

City, State, Zip: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ E-mail address: _____

Position with Girl Scouts: _____

Nominee information

Name: _____ SU: _____

Address: _____

City, State, Zip: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ E-mail address: _____

Position with Girl Scouts: _____

Girl Scouts Treasure Trails Council – P.O. Box 30595 – 12 Garden Ave. Ste.A
Billings, MT 59107 – (406) 252-0488 – FAX (406) 252-4063

www.montanagirlscouts.org

Please give a detailed description of how the nominee had delivered service beyond expectation of the position:

List the impact the service had on two or more geographic regions and results of this person's actions:

Specific audience(s) benefiting from service:

Three letters of endorsement

Name

Address

Position with Girl Scouts

1. _____

2. _____

For office use only

Recommend to receive the Honor pin.

Not recommended, or other suggestion:

Comments: _____

Date approved: _____ Signature: _____

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