



Nomination for Outstanding Leader Award

Girl Scouts Heart of Central California | 6601 Elvas Avenue Sacramento, CA 95819 | www.girlscoutshcc.org

- This nomination requires *at least* two letters of endorsement written by troop members or their families describing the outstanding leadership qualities of the nominee and how the girls have benefited.
- The letters of endorsement **MUST** be written by individuals **OTHER THAN** family members of the nominee.

1. NOMINEE INFORMATION

Name _____ Troop # _____ Level - D B J C S A
 Address _____ City _____ Zip _____
 Day Phone (____) _____ Evening Phone (____) _____ Email _____

2. ENDORSEMENT LETTER BY:

Name _____
 Address _____ City _____ Zip _____
 Day Phone (____) _____ Evening Phone (____) _____ Email _____

On the reverse, please answer the questions below in a detailed and objective description of how the nominee's work with girls has exceeded the expectations of the job and benefited the girls.

1. How has the nominee welcomed new members of the troop, girls and adults, from different racial, cultural, socioeconomic backgrounds and ability levels?
2. How does the nominee involve the girls in program planning and decision making?
3. Does the nominee help the girls take responsibility for carrying out the plans of the troop? If so, how does she carry this out? Give examples.
4. Does the nominee let the girls and parents know their troop's financial balance on a regular basis?
5. Does the nominee communicate regularly with parents/guardians about troop activities? How?
6. Are the parents/guardians invited to participate in troop activities, or give advice with troop matters? Give examples.
7. Does the nominee encourage troop participation in service unit and council sponsored events? Give examples.
8. Give examples of the qualities that this nominee has that you would like to see in your daughter; i.e., possesses mature judgement, sense of humor, flexibility, enthusiasm, honesty, etc.
9. How does your daughter feel about this nominee?

RETURN COMPLETED NOMINATION BY _____

To _____ Service Unit _____
 Address _____ City _____ Zip _____
 Day Phone (____) _____ Evening Phone (____) _____ Email _____

FOR SERVICE TEAM / SERVICE UNIT RECOGNITIONS TASK GROUP USE:

Date nomination reviewed _____ Check one - ___ approved ___declined

Please use back of form or separate sheet to answer the questions listed above. Please limit your letter to 250 words or less. Thank you.