



GSCM AWARD

Nomination for GSCM DAISY AWARD

Name of person completing nomination form:

Best way to contact you (phone, e-mail, etc.):

Name of nominee:

SU#

Nominee contact information:

Address:

Phone:

E-mail:

Is the nominee a current member of Girl Scouts? Active adult membership in Girl Scouts is not a criterion for this award.

Yes

No

Not sure

Clearly and concisely state the reason(s) the nominee is eligible for the GSCM Daisy Award. Show evidence of valuable volunteer service to a Service Unit, Troop/Group, or geographic area within Girl Scouts of Central Maryland for more than one year. (Please use additional sheet if necessary)

Signatures of Service Delivery Team Members Approving this Award (A majority of the group must sign the application).

Name of Service Delivery Team:

Total number of Delivery Team Members _____ (Please list name)

We plan to present this award on _____ (date). Please send the award to:

Name _____ Phone _____

Address _____ City _____ Zip _____

E-mail _____

Please allow at least 30 days upon receipt for processing.

Please return completed nomination to: Girl Scouts of Central Maryland, Adult Recognitions

4806 Seton Drive

Baltimore, MD 21215

membercare@gscm.org - Please include **Adult Recognitions** in Subject Line

For Office Use Only

Recognition Committee decision:

Approved Denied Pending, more information required

If pending, please describe the information required:

Signature of committee member:

Date: