

Girl Scouts of Eastern South Carolina

Rookie of the Year

Directions:

Fill in all blanks. Be specific. Please print/type. The nominator should forward completed form and two letters of endorsement to the Service Unit Recognitions Committee. Deadline for submission will vary by Service Unit but will be before the council deadline. Note that all Service Unit level Recognitions have to be submitted by the Service Unit no later than February 28, 2024 Each Service Unit can submit 2 Rookies per year.

Information on Nominee: Service Unit & Troop # Last Name First Name Address City Zip Phone # E-mail Address 1. First year or second year as a registered Girl Scout leader/assistant leader 2. Dates completed First Steps for New Co-Leaders, Successful Leader Learning Series and Child Abuse Awareness and Prevention (CAAP). 3. Troop Certification [Trained adults working with troop, does not have to be nominee] First-Aid & CPR_____ [Trained Adult, Place and Date Course Taken] Planning Trips with Girls [Trained Adult, Place and Date Course Taken] Troop Camper [Trained Adult, Level(s), Place and Date Course Taken] 4. At least 5 girls, leader, assistant leader and 3 committee members registered with the troop: Yes ____ No___ 5. Date and name of an additional training completed (i.e. Ceremonies, Grade Level Portfolio). 7. Name of council product sale and date the troop participated in: 8. Name of Council or Service Unit event and date the troop participated in:

9. Name of Take Action project and date the troop participated in:

	10. Name of Service Unit and dates he/sh	e attended at least	three Service Unit meetings:	
Nominated by Name (individual or group contact):	·		· ·	
Name (individual or group contact): Address: Felephone (home): Service Unit Name Names of nominating individual(s) or group supplying letters of endorsement: Date Date				
Name (individual or group contact):			Date	
Address:(work)(e-mail)	Nominated by			
Telephone (home):(work)(e-mail)	Name (individual or group contact):			
Telephone (home):(work)(e-mail)	Address:			
Names of nominating individual(s) or group supplying letters of endorsement:	Telephone (home) :	(work)	(e-mail)	
	Service Unit Name			
Date	Names of nominating individual(s) or grou	p supplying letters	of endorsement:	
			Date	
hank you for your time and consideration.			Date	
	Thank you for your time and consideration	1.		
or Service Unit Recognitions Committee Use Only	For Service Unit Recognitions Commit	tee Use Only		
The Service Unit Recognitions Committee approves this nomination	The Service Unit Recognitions Comr	nittee approves thi	s nomination	
The Service Unit Recognitions Committee denied this nomination	The Service Unit Recognitions Comr	nittee denied this n	nomination	