** 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 October 31st.

 Each Service Unit can submit 2 Rookies per year.

**Information on Nominee:**

Service Unit & Troop #: Click here to enter text.

Last Name: Click here to enter text. First Name: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. Zip: Click here to enter text. Phone #: Click here to enter text.

E-mail Address: Click here to enter text.

1. **First year or second year** as a registered Girl Scout Co-Leader

2. Dates completed:

Introduction to Girl Scouting Click here to enter a date.

Girl Scouting 101 Click here to enter a date.

Leadership Essentials Click here to enter a date.

Child Abuse Awareness and Prevention Click here to enter text.

3. Troop Certification [Trained adults working with troop, does not have to be nominee]:

First-Aid & CPR [Trained Adult, Place and Date Course Taken]: Click here to enter text. Click here to enter a date.

Planning Trips with Girls [Trained Adult, Place and Date Course Taken]: Click here to enter text. Click here to enter a date.

Troop Camper [Trained Adult, Level(s), Place and Date Course Taken]: Click here to enter text. Click here to enter a date.

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).

Click here to enter text.

6. Name of council product sale and date the troop participated in:

 Click here to enter text. Click here to enter a date.

7. Name of Council or Service Unit event and date the troop participated in:

 Click here to enter text. Click here to enter a date.

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

 Click here to enter text. Click here to enter a date.

9. Name of Service Unit and dates he/she attended at least three Service Unit meetings:

 Click here to enter text. Date Click here to enter a date. Date Click here to enter a date.

 Date Click here to enter a date.

**Nominated by**

Name (individual or group contact): Click here to enter text.

Address: Click here to enter text.

Telephone (home) : Click here to enter text.( work) Click here to enter text. (e-mail) Click here to enter text.

Service Unit Name: Click here to enter text.

Names of nominating individual(s) or group supplying letters of endorsement:

Click here to enter text. Date Click here to enter a date.

 Click here to enter text. Date Click here to enter a date.

Thank you for your time and consideration.

**For Service Unit Recognitions Committee Use Only**

 [ ] The Service Unit Recognitions Committee approves this nomination

 [ ] The Service Unit Recognitions Committee denied this nomination