

## 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:**

Last Name	First Name	Service Unit & Troop #
Address		
City	Zip	Phone #
E-mail Address		
1. First year or s	econd year as a registered Girl Scout	Co-Leader
2. Dates complete	ed required trainings:	
Introduction to Gi	rl Scouting, Girl Scouting 101, Leaders	hip Essentials, Child Abuse Awareness
3. Troop Certificat	tion [Trained adults working with Troop	, does not have to be nominee]
First-Aid &	tion [Trained adults working with Troop	, does not have to be nominee]
First-Aid & CPR	[Trained Adult, Place an	
First-Aid &	[Trained Adult, Place an	nd Date Course Taken]
First-Aid & CPR	[Trained Adult, Place an h Girls [Trained Adult, Place an	nd Date Course Taken] and Date Course Taken]
First-Aid & CPR Planning Trips wit Troop Camper	Trained Adult, Place an  [Trained Adult, Place an  [Trained Adult, Place an  [Trained Adult, Level(s),	and Date Course Taken]  and Date Course Taken]  Place and Date Course Taken]
First-Aid & CPRPlanning Trips wit Troop Camper4. At least 5 girls,	[Trained Adult, Place an [Trained Adult, Place an [Trained Adult, Place an [Trained Adult, Level(s), 2 Co-Leaders and 3 committee memb	ad Date Course Taken]  ad Date Course Taken]  Place and Date Course Taken]  ers registered with the troop: Yes No
First-Aid & CPRPlanning Trips wit Troop Camper4. At least 5 girls,	Trained Adult, Place an  [Trained Adult, Place an  [Trained Adult, Place an  [Trained Adult, Level(s),	ad Date Course Taken]  ad Date Course Taken]  Place and Date Course Taken]  ers registered with the troop: Yes No
First-Aid & CPRPlanning Trips wit Troop Camper4. At least 5 girls,	[Trained Adult, Place an [Trained Adult, Place an [Trained Adult, Place an [Trained Adult, Level(s), 2 Co-Leaders and 3 committee memb	ad Date Course Taken]  ad Date Course Taken]  Place and Date Course Taken]  ers registered with the troop: Yes No
First-Aid & CPRPlanning Trips wit Troop Camper4. At least 5 girls, 5. Date and name	[Trained Adult, Place an [Trained Adult, Place an [Trained Adult, Place an [Trained Adult, Level(s), 2 Co-Leaders and 3 committee memb	ad Date Course Taken]  The Date Course Taken    Place and Date Course Taken    ers registered with the troop: Yes No e. Ceremonies, Grade Level Portfolio).

7. Name of Council or Service Unit event and date the Troop participated in:				
9. Name of Take Action project	and date the troop participa	ted in:		
10. Name of Service Unit and d	ates he/she attended at lea	st three Service Unit meetings:		
		Date		
		Date		
		Date		
Nominated by				
Name (individual or group conta	ct):			
Address:				
Telephone (home) :	( work)	(e-mail)		
Service Unit Name				
Names of nominating individual(	s) or group supplying letters	of endorsement:		
		Date		
		Date		
Thank you for your time and con	sideration.			
For Service Unit Recognitio	ns Committee Use Only	,		
The Service Unit Recogni	tions Committee approves t	his nomination		
The Service Unit Recognit	ions Committee denied this	nomination		