

Please return completed form, with letters of endorsement attached, to:

*Kathy Pearre, Vice President Adult Education  
Girl Scouts, Tarheel Triad Council  
8818 W. Market Street, Colfax, NC 27235*

**FIREFLY AWARD NOMINATION**

*Due by February 1st*

*Please type or use black ink.*

NOMINEE INFORMATION

Name: \_\_\_\_\_ Service Unit #: \_\_\_\_\_

Position: [ ] Leader/Advisor [ ] Assistant Leader/Advisor

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail (if known): \_\_\_\_\_

Recipient is nominated by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Position(s): \_\_\_\_\_

E-Mail: \_\_\_\_\_

*Attach additional sheets as necessary.*

1. Training Completed (course title)	Date of Course (mm/dd/yy)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Leadership Provided:		
Year	Age Level (D, B, J)	Troop #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Explain how the service was outstanding, above and beyond expectations for the position held:

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4. Three Letters of Endorsement by registered Girl Scout adults:

Name	City	Position in Girl Scouting
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Signature of Nominator: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

APPROPRIATE TRAINING:

AWARDS:

**TO BE COMPLETED BY BOARD**

The Board Awards Committee

endorses     does not endorse  
this nomination for the Firefly Award.

Signature of Chairperson: \_\_\_\_\_

Date \_\_\_\_\_

The Board of Directors for Girl Scouts,

Tarheel Triad Council endorses this

Nomination for the Firefly Award.

Date \_\_\_\_\_