



### Application for Provincial Awards

To request National Awards (awards not listed on this form) please use the R.3N form.

| Nominee's Name (Please Print) | iMIS # | Presentation Date               |
|-------------------------------|--------|---------------------------------|
|                               |        | <u>Must</u> be a calendar date. |
|                               |        |                                 |

**Awards Applying For:**

| <input type="checkbox"/> | Award  | Approval Needed    | Requirements<br>(Please send only copies of the letter(s) of support. Original(s) may go with the presentation folder.) |
|--------------------------|--|--------------------|---|
| <input type="checkbox"/> | Letter of Commendation   | Awarding Council   | Letter describing service to Guiding  |
| <input type="checkbox"/> | Gold Thanks Pin  | Awarding Council   | Letter describing service to Guiding  |
| <input type="checkbox"/> | Unit Guider Award<br><input type="checkbox"/> Bronze<br><input type="checkbox"/> Silver<br><input type="checkbox"/> Gold | Awarding Council   | Two letters of support  |
| <input type="checkbox"/> | Commissioner/ACL Award   | Awarding Council   | Two letters of support  |
| <input type="checkbox"/> | Bronze Merit Award   | Awarding Council   | Two letters of support  |
| <input type="checkbox"/> | Silver Merit Award   | Awarding Council   | Two letters of support  |
| <input type="checkbox"/> | Gold Merit Award   | Awarding Council   | Two letters of support  |
| <input type="checkbox"/> | Team Award   | Awarding Council   | Two letters of support from Members not part of the proposed team   |
| <input type="checkbox"/> | Medal of Merit   | Provincial Council | Two letters of support  |
| <input type="checkbox"/> | Provincial Award   | Provincial Council | See Provincial Council for requirements   |
| <input type="checkbox"/> | Area Awards  | Area               | See Commissioner for requirements   |

| Council                   | Name/Signature | Phone # | iMIS # | Date |
|---------------------------|----------------|---------|--------|------|
| Recommended By:           |                |         |        |      |
| Approved By:              |                |         |        |      |
| Approved By:              |                |         |        |      |
| Approved By:              |                |         |        |      |
| Provincial Commissioner * |                |         |        |      |

\*in her absence the Deputy Provincial Commissioner

|                          |       |
|--------------------------|-------|
| iMIS input completed by: | Date: |
|--------------------------|-------|

| Presenter's Name | Presenting Council/Committee |
|------------------|------------------------------|
|                  |                              |

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