R.3



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|  |  |  |  |  |  |  | **Awards Application** | | | | |  |
|  |  | |  |  | |  |  |  |  |  |  |  |
| **Nominee’s Name** (person you are nominating) | | | | | | **iMIS Number** | |  |  | **Presentation Date** | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | |  |  |  | |  |  |
| **☐** |  | **Award** | |  | **Approval Needed** | | | **Requirements** | | | |  |
|  |  |  |  |  |  |  |  | Please only send **copies** of letters of support | | | | |
| **☐** |  | Letter of Commendation | |  | Awarding Council | | | Letter describing service to Guiding | | | |  |
| **☐** |  | Gold Thanks Pin | |  | Awarding Council | | | Letter describing service to Guiding | | | |  |
| **☐** |  | Unit Guider Award | |  | Awarding Council | | | Two letters of support | | | |  |
|  |  | ☐Bronze | |  |  |  |  |  |  |  |  |  |
|  |  | ☐Silver | |  |  |  |  |  |  |  |  |  |
|  |  | ☐Gold | |  |  |  |  |  |  |  |  |  |
| **☐** |  | Commissioner/ACL Award | |  | Awarding Council | | | Two letters of support | | | |  |
| **☐** |  | Merit Award | |  | Awarding Council | | | Two letters of support | | | |  |
|  |  | ☐Bronze | |  |  |  |  |  |  |  |  |  |
|  |  | ☐Silver | |  |  |  |  |  |  |  |  |  |
|  |  | ☐Gold | |  |  |  |  |  |  |  |  |  |
| ☐ |  | Team Award | |  | Awarding Council | | | Two letters of support | | | |  |
| **☐** |  | Medal of Merit | |  | Provincial Council | | | Two letters of support | | | |  |
| **☐** |  | Beaver | |  | National Council | | | Two letters of support; recipient has a Medal of Merit | | | | |
| **☐** |  | Gold Maple Leaf | |  | National Council | | | Two letters of support; recipient has a Beaver | | | | |
| **☐** |  | Honorary Life Award | |  | National Council | | | Three letters of support; required fee | | | |  |
| **☐** |  | Fortitude Award | |  | National Council | | | Two letters of support | | | |  |
|  |  | ☐Posthumous | |  |  |  |  |  |  |  |  |  |
| **☐** |  | Valour Award | |  | National Council | | | Two letters of support | | | |  |
|  |  | ☐Posthumous | |  |  |  |  |  |  |  |  |  |
| **☐** |  | Area/Community Award | |  | Area/Community Council | | | See Commissioner/ACL for requirements | | | |  |
| **☐** |  | Provincial Award | |  | Provincial Council | | | See Provincial Council for requirements | | | |  |
| **☐** |  | Silver Thanks Pin (non‐ | |  | Awarding Council | | | Letter describing service to Guiding | | | |  |
|  |  | members) | |  |  |  |  |  |  |  |  |  |
|  | |  |  | |  |  |  |  |  | |  |  |
| **Approval** | |  | **Name and Position** | |  |  | **iMIS Number** |  | **Email** | |  | **Date** |
| Recommended by: | | |  |  |  |  |  |  |  |  |  |  |
|  | | |  | |  |  |  |  |  |  |  |  |
| Local Council: | | |  |  |  |  |  |  |  |  |  |  |
|  | | |  | |  |  |  |  |  |  |  |  |
| Provincial Council: | | |  |  |  |  |  |  |  |  |  |  |
| (if required) | | |  | |  |  |  |  |  |  |  |  |
| National Council: | | |  |  |  |  |  |  |  |  |  |  |
| (if required) | | |  | |  |  |  |  |  |  |  |  |

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