

Awards Application

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

Awards Applying For:
Please see reverse for National Awards

<input type="checkbox"/>	Award	Approval Needed	Requirements <small>(Please only send copies of the letter(s) of support. Original(s) may go with the presentation folder.)</small>
<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 <input type="checkbox"/> Bronze <input type="checkbox"/> Silver <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:
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Presenter's Name	Presenting Council/Committee

Application for National Awards

Recipient Name For National Award	IMIS ID	Send Approved National Award Applications to: National Awards (except Gold Maple Leaf) need Provincial approval first	Presentation Date <u>Must</u> be a calendar date
		Adult Member Support, Girl Guides of Canada-Guides du Canada 50 Merton St Toronto, ON M4S 1A3	

<input type="checkbox"/>	Awards	Approval Needed	Requirements (Please only send copies of the letter(s) of support. Original(s) may go with the presentation folder.)
<input type="checkbox"/>	Beaver	Board of Directors	Two letters of support Recipient must be holder of "Medal of Merit" award
<input type="checkbox"/>	Gold Maple Leaf	Board of Directors	Two letters of support Recipient must be holder of "Beaver" award
<input type="checkbox"/>	Honourary Life Award	Board of Directors	Two letters of support Required fee Note: nominee must hold a valid police reference check (PRC) or exemption
<input type="checkbox"/>	Fortitude <input type="checkbox"/> Posthumous	Board of Directors	Two (2) supporting letters. Fortitude must have been demonstrated within the past 12 months, however, the onset of adversity may have occurred further in the past. Posthumous – application must be made no more than one year after death. *If a nominee is under 15 years of age, please fill out below
<input type="checkbox"/>	Valour <input type="checkbox"/> Posthumous <input type="checkbox"/> Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold	Board of Directors	Description of incident including: name, age and address of rescued person; danger to rescued Person; capability of rescued person to assist; actual danger to the rescuer; help given or available; equipment used or available (e.g. first aid, resuscitation etc.) Signed statement of eye-witness(es), including name, address, telephone number and age *If under the age of majority, please fill out below

For girl Member nominations: <input type="checkbox"/> Fortitude <input type="checkbox"/> Valour <input type="checkbox"/> Posthumous <input type="checkbox"/> Spark <input type="checkbox"/> Brownie <input type="checkbox"/> Guide <input type="checkbox"/> Pathfinder <input type="checkbox"/> Ranger		
Name:	Birth Date:	iMIS #
Address:	Phone:	
Unit #:	Contact Guider:	iMIS #

Council	Name/Signature	Phone #	IMIS #	Date
Recommended By:				
Approved By:				
Approved By:				
Approved By:				
Provincial Commissioner				
Chief Commissioner				

iMIS input completed by:		Date:
Presenter's Name	Presenting Council/Committee	