



Nomination Form for the “Spirit of Hilda Leighton” SVI Area Award

Purpose: To recognize a registered adult Guider in SVI for her contribution to Guiding in SVI Area as per the eligibility outlined on the Criteria Form.

Complete interactive pdf on computer or print and use more space as necessary. Be specific.

NOMINEE’S
NAME (PRINT):

IMIS
NUMBER:

DISTRICT:

POSITION:

HOW LONG AND IN WHAT CAPACITY DO YOU KNOW THIS GUIDER?

A. WHAT PERSONAL QUALITIES DOES SHE BRING THAT REFLECT THE SPIRIT OF GUIDING?

B. WHAT UNIQUE OR MEMORABLE CONTRIBUTIONS HAS SHE MADE (E.G., PROJECTS, SERVICE, EVENTS)?

EXPLAIN HOW QUESTIONS A AND B QUALIFIES HER FOR THE “SPIRIT OF HILDA LEIGHTON” AWARD

NOMINATOR’S
NAME (PRINT):

IMIS
NUMBER:

EMAIL:

PHONE:

DISTRICT:

POSITION:

Please submit Nomination form and R3 to SVI Awards at least six weeks prior to anticipated presentation date.

APPLICATION DATE:

PRESENTATION DATE:

AWARDS APPROVAL: