|  |  |
| --- | --- |
|  | **Girlguiding LaSER Makes a Difference Award Application Form** |
| * Complete all parts of the form below electronically or in ball point pen in block capitals.
* All applications must be made without the knowledge of the nominee and others who have had major involvement in the project.
 |
| **NOMINEE DETAILS – PROJECT LEAD** |
| Name: |  | Membership Number: |  |
| Unit: |  |
| District / Division: |  |
| County: |  |
| Role: |  |

|  |
| --- |
| **SHORT DESCRIPTION OF PROJECT** |
|  |

|  |
| --- |
| **EXTERNAL AWARDS WON FOR PROJECT** |
| Award: |
| Date: |
| Award Details: |

|  |
| --- |
| Award: |
| Date: |
| Award Details: |

|  |
| --- |
| **SUPPORTING DOCCUMENTS** |

|  |
| --- |
| Have you attached the following? |
| Three to six letters or other pieces of evidence such as newspaper reports or photographs | Yes / No |
| A certificate or letter from the charity being supported (if applicable). | Yes / No |

**REPORTS**

|  |
| --- |
| **APPLICATION RECOMMENDATIONS** |

|  |
| --- |
| Unit leader *(if nominee is under 18 years old)* |
| Name |  |
| Signed |  | Date: |

|  |
| --- |
| District/Division Commissioner |
| Name |  |
| Signed |  | Date: |

|  |
| --- |
| County Commissioner |
| Name |  |
| Signed |  | Date: |

|  |
| --- |
| Chair of Awards |
| Name |  |
| Signed |  | Date: |