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|  | | | **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: | |  | | | |

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

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

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

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| **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**

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| **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: |