



EARNED RECOGNITION APPLICATION FORM

Applicant's name and position(s) in Girl Scouting:

Indicate recognition: Leadership Development Pin Trainer's Pin

Applicant's address(es),

Home

Business

Telephone numbers,

Day:

Evening:

Geographic/program delivery unit, troop/group name, or number:

Girl Scout Identification Number: _____

Immediate Girl Scout supervisor's name, position, and telephone number:

Prerequisite positions held (please include dates and locations):

Prerequisite courses or training taken (please includes dates and locations). Attach training record if desired:

Please give a detailed explanation of fulfillment of recognition requirements:

Specific audience benefiting from service:

Date submitted to council: _____ Signature: _____

Approved _____ Not Approved/Recommendations _____

Date: _____ Signature: _____