

Girl Scouts of Tulip Trace Council, Inc.
 5596 East State Road 46
 P. O. Box 5485
 Bloomington, Indiana 47407-5485
 812-336-6804 or 800-467-6804

Leadership Development Pin

"Leaf Attachment" Application

NAME: _____ GSUSA I.D.# _____

ADDRESS: _____
(street) (city) (zip)

SERVICE UNIT: _____ PHONE: (day) _____ (evening) _____

POSITION: _____ TROOP/GROUP # _____ AGE LEVEL _____

DATE COMPLETED LEADERSHIP DEVELOPMENT PIN: _____

The applicant has completed training(s) in subject area(s) that have increased her skills in working with girls in troops/groups.

| Description of Training | Location | Hours or CEUs | Date |
|-------------------------|----------|---------------|------|
| | | | |
| Description of Training | Location | Hours or CEUs | Date |
| | | | |
| Description of Training | Location | Hours or CEUs | Date |
| | | | |
| Description of Training | Location | Hours or CEUs | Date |
| | | | |
| Description of Training | Location | Hours or CEUs | Date |
| | | | |

Indicate how the additional training will help you deliver Girl Scout program to girls:

Applicant is applying for _____ green leaf _____ silver leaf _____ gold leaf

Return application to : Adult Training Manager
 Girl Scouts of Tulip Trace Council, Inc.
 P.O. Box 5485
 Bloomington, IN 47407-5485

To be completed by council:

Applicant has _____ completed _____ not completed the requirements for additional recognitions.

Number of workshops _____

Number of leaves to be awarded _____

_____ Date

_____ Council-approved signature