



Leadership Development Leaf/Leaves Application

1. Candidate information:

Name: _____ Girl Scout ID #: _____

Address: _____
Street City Zip

Phone: (____) _____ e-mail: _____

Service unit name: _____ Position: _____

2. What type of leaf are you applying for? green silver gold

3. How many hours of training have you completed? _____

4. How many leaves are you applying for? _____

5. Please complete a separate training record report for each course for which you are requesting leaf/leaves and attach all training record reports to this application. **Note: Due to the volume of Leadership Development Leaf/Leaves applications, incomplete applications will not be accepted. All applicable training record reports must accompany this application.**

6. Approval:

Applicant has completed not completed the requirements for:

Number of leaves _____

Type of leaves (green, silver, gold) _____

Signature of Recognitions Chair

Date

Signature of Service Unit Manager

Date