

TAKE ACTION IN YOUR COMMUNITY AND MAKE THE WORLD A BETTER PLACE

Girl Information

Name		Grade	Age
Phone	Email		
Address			
City	State	Zip Code	
Troop #:	Award Earned:	Completion Date:	
Project Summary:			

Volunteer Hours

Date	Description	# Hours	Supervisor Initials
Total Hours:			



Submit this form to the Girl Scout Shop when purchasing your National Leadership and Mentoring Awards.

Questions?

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