



<u>For Committee Use Only</u>	
Reviewed By: _____	Date: _____
Total Number of Credited Hours: _____	
Number of Leaves Approved: _____	
Acknowledgment Letter Sent: _____	

SECTION 2: LEADERSHIP DEVELOPMENT LEAVES APPLICATION

Name: _____ Girl Scout ID# _____

Address: _____ Troop/Group# _____

_____ Position _____

Telephone # (day) _____ (eve) _____

Service Unit _____ Coordinator _____

Date Leadership Development Pin received: _____

<u>COURSE TITLE</u>	<u>HOURS/CEU=S</u>	<u>DATES</u>	<u>A.R.C. APPROVAL</u>
1. _____			
Benefit: _____			
2. _____			
Benefit: _____			
3 _____			
Benefit: _____			
4 _____			
Benefit: _____			
5 _____			
Benefit: _____			

TO BE COMPLETED BY THE SERVICE UNIT COORDINATOR OR DESIGNEE

I verify that the applicant has completed the requirements for the leaves applied for in this application.

Name: _____ Position: _____ Date _____

Address: _____ Phone # _____

Submit to: Girl Scouts of Broward County, Inc.
 4701 NW 33 Ave, Oakland Park, FL 33309
 Attn: Adult Recognition Committee