



Girl Scouts of Heritage Trails Council

35 N. Park
Mansfield, OH 44902
419-522-0391 * 800-433-1290
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President's Award Application

Applicant Name _____ Service Unit _____

Address _____

Telephone _____

Applying for the year _____

- List service team members who have completed level/team/orientation training appropriate to positions:

Name	Training Completed	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Service Unit retained 75% of adult leadership? _____
- Service Unit achieved membership goal? _____ No. of girls registered in SU _____
- List three community contacts collaborated with in the service unit

- Service unit submitted all required reports (Finance reports, Registrations, etc.) _____
- Service unit maintained communication with all troops and individually registered girls. List methods of communication:

- Service unit has a system in place for contacting leaders who are represented at service unit meetings. List methods:

Submitted by: _____	Recognition Committee Only: Approved _____ Declined _____ Signature _____ Date _____
Telephone # _____	
Address _____	