

LEADERSHIP DEVELOPMENT LEAF APPLICATION

Please refer to the Leadership Development Pin requirements for specific criteria.

Mail completed application to:
Adult Development Department
Girl Scouts - Diamonds
1811 Arkansas Boulevard
Texarkana, AR 71854

by: Feb. 15

Service Unit _____ Troop # _____ Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone # (____) _____ - _____ Evening Phone #(____) _____ - _____ Cell #(____) _____ - _____

Email Address _____ @ _____

Current Position(s) in Girl Scouting _____

**Leadership Development Pin was received _____ from _____
Date Council Name

Do NOT submit this form until you have completed 10 hours of additional training.

Training beyond your last pin or leaf earned:

Course Name	Date(s)	Instructor(s)	Hours Attended
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Use back if necessary.

Number of leaves to be awarded _____

Number & color of leaves you currently have _____

To be completed by council:

Has applicant met all requirements? Yes No

Council-Approved Signature Date