

SKYLINE STAR TROOP APPLICATION

Directions: Complete and return to Recognitions Facilitator or GSVSC Volunteer Services Manager. All items must be completed once, and at least 75 percent of the girls must participate in an activity for it to count. The time frame is from October 1 to September 30. May be submitted at any time.

Troop number:	Age level:	GS community:
Number of girls in troop:	For year October 1, to September 30,	
TROOP GOVERNMENT		
1. Girl-led planning was practiced in the following way:		
2. Type of troop government used:		
TROOP PROGRAM		
1. Our troop planned and carried out the following ceremonies:		
Type:	Date:	
2. Activities were completed in each area that makes Girl Scouting unique. Briefly describe one activity in each area and the date completed.		
Girls Discover: They seek challenges and want to learn new things.	Activity:	
Girls Connect: They perceive themselves as leaders and create a culture of collaboration and teamwork.	Activity:	

<p>Girls Take Action: They feel empowered that they can make a difference – and they do! They advocate for themselves and others.</p>	<p>Activity:</p>
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3. Our troop celebrated the following Girl Scout special day(s):

4. We participated in the fall product sale as well as the cookie sale. Yes No

5. We set product sale goals with the girls. Yes No

6. Our troop participated in at least one event beyond the troop level (i.e., GS community, region, or council):

Event:	Date:
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7. Our troop completed the following service project:

Service Project:	Date:	For Whom:
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8. Fifty percent of troop members participated in an area day, twilight, or weekend camp; resident troop camp; Camp Graham; SEAPIE; or one summer troop activity (after school is out).

Number Participating:	Activities:
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9. A contribution was made to the Juliette Low World Friendship Fund on (date):
in the amount of \$.



If this application is approved, we will need the following:
Number of initial patches:
Number of star segments (for those who already have the patch):



Submitted by:

Address/City/State/Zip:

GS position:

E-mail address:	Phone:
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FOR APPROVAL

Recognitions Facilitator or Volunteer Services Manager: Yes No

If No, reason:

To enter a digital signature, follow these instructions: Click your cursor in the Signature field. On the menu above, go to Insert/Signature Line (located on the Text tab)/Microsoft Office Signature Line. Choose OKAY; then fill in the blanks provided.

Signature of Recognitions Facilitator or VSM:	Date:

Send to: info@gsvsc.org

Action taken:	Date: