girl scouts of the chesapeake bay

Application for Green Angel Award

Please print or type

Name: _____
First Middle Last

Home address: _____
Street address

_____
City State Zip

Day phone: _____ Cell phone: _____

Email: _____

Registered with: Troop_____ Service Unit: _____ Other (specify)

Please complete the following information:

1. Please describe in detail the creative, outstanding service provided to a Troop by the nominee prompting this recommendation.

_____

_____

_____

2. Please list any other pertinent information.

_____

_____

_____

Service Unit Manager approval: _____
Signature: Date:

Presentation to be made (date): _____

Name of person/Service Unit/Troop presenting award: _____

Fee enclosed: _____

Send award to: _____

Mail to: Girl Scouts of the Chesapeake Bay
c/o Recognitions
501 S. College Ave.
Newark, DE 19713-1301

(Please allow 10 working days to process this application)

United Way