

Silver & Gold Torch Award For Girl Scouts in Grades 6-12

Follow these steps	to earn the award:
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Complete a Cadette, Senior or Ambassador Journey, depending on your Girl Scout level.
Serve for one full term in a leadership position at your school, place of worship, library, town council, community center, after-school club, or a similar organization. For example, you might serve as a school yearbook editor, on a planning committee for graduation, coteach a youth class at your place of worship, or on an event planning board at Girl Scouts. The length of your service will depend on the term specified by the organization or the particular position you hold.
After achievement of steps one and two, complete the Silver & Gold Torch Award Application.
Submit completed Silver & Gold Torch Award Application to your troop leader.
Troop leader will return your application to you upon approval.
After receiving your approved application, you will be eligible to purchase the Silver, Silver and Gold, or Gold Torch Award from a GSNI-M Shop. Please submit your application to frontdesk@gsnim.org

Congratulations on earning the Silver, Silver and Gold, or Gold Torch Award!

Girl Scouts are eligible to earn total of three (3) Service to Girl Scouting Torches:



Cadettes can earn the Silver Torch Award



Seniors can earn the Silver & Gold Torch Award



Ambassadors can earn the Gold Torch Award



Silver & Gold Torch Award

For Girl Scouts in Grades 6-12

APPLICATION FORM

Applicant Name		Date	
Address	City	State	Zip
Email			
	Ambassador Troop#	_ County or SU:	
Leader's Name	Email		
PLEASE CHECK			
□ I am seeking approval of m	ny <u>Cadette</u> Silver Torch Award.		
□ I am seeking approval of m	ny <u>Senior</u> Silver & Gold Torch A	ward.	
\Box I am seeking approval of m	ny <u>Ambassador</u> Gold Torch Awa	ard	
STEP ONE Name of Journey Completed for	Torch		
Award Date Journey was Compl	eted		
STEP TWO Leadership Position Held		Term Lengtl	1
Give a brief description of the lea	adership position within the organ	ization:	
Name of Organization			
Address	City	State	Zip
Contact Person Email		Phone	
Signature of Contact Person		Date	
Signature of Applicant		Date	
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Staff use only	Application is Approved? $\ \square$	YES 🗆 NO	
Name of Council Representative		Date	