



**girl scouts**  
of southern  
appalachians

**HONOR TROOP APPLICATION**

*Troop Membership Year 2020-2021*

All requirements must be met within the current Girl Scout year. Each year, troops who complete the Honor Troop requirements and submit a completed application will receive a patch and year bar for all girls in the troop (returning Honor Troop girls will receive a year bar each subsequent year they participate). Follow the Key Dates section in the most recent *Go Guide* to ensure completion towards becoming an Honor Troop. Additional pages may need to be added to this form. **Please submit this form to your Relationship Manager no later than June 15.**

Service Unit #: \_\_\_\_\_ Troop #: \_\_\_\_\_ Grade Level(s): \_\_\_\_\_

Number of Girls: \_\_\_\_\_ Number of Adults: \_\_\_\_\_ Number of patches needed: \_\_\_\_\_

Number of year bars needed: \_\_\_\_\_ Troop Membership Year: \_\_\_\_\_ (ex. 2017-2018)

Honor Troop Category	Check requirement and list details when requested.
<b>Membership</b> All required	<b>Girls:</b> <input type="checkbox"/> Members of the previous year completed membership renewal before September 30 <input type="checkbox"/> Girls invited friends to participate in a troop activity and join the troop. <b>Adults:</b> <input type="checkbox"/> The troop has at least two active, registered volunteers. <input type="checkbox"/> All volunteers assisting with the troop have current background checks. <input type="checkbox"/> The troop is displayed in the online troop catalog so new girls may join at any time.
<b>Meetings</b> All required	<input type="checkbox"/> Troop held at least two parent meetings. <input type="checkbox"/> Troop utilized the Volunteer Toolkit to create a year plan, when available. <input type="checkbox"/> Shared a meeting or activity with another troop.
<b>Safety</b> All required	<input type="checkbox"/> An up-to-date Health History Record for each girl has been submitted to the Troop Administrator. <input type="checkbox"/> At least one volunteer is First Aid/CPR/AED certified. Name: _____ Date Certified: _____ <b>IF TROOP PARTICIPATED IN A HIGH-RISK ACTIVITY:</b> <input type="checkbox"/> Troop activity approval form submitted to Council for all activities away from regular troop meeting location.
<b>Finances</b> All required	<input type="checkbox"/> Troop finances were shared with parents (and older girls) periodically. <input type="checkbox"/> Troop has no outstanding debt with the Council. <input type="checkbox"/> Troop has submitted Financial Worksheet and any other necessary documents by June 15
<b>Program</b>	<input type="checkbox"/> Troop participated* in Fall Product Program <input type="checkbox"/> Troop participated* in Cookie Program <i>*Participation in Fall Products is defined as each girl sending 15 emails and an average of 3 items sold per girl. Cookie Program participation is 25 boxes. At least one girl in the troop needs to have participated at that level for troop participation to be counted.</i>  <input type="checkbox"/> <b>Service Project:</b> Girls planned and implemented at least one community service project. See the Go Guide for service ideas for each month of the year. Date: _____ Description: _____  <input type="checkbox"/> <b>Outdoors:</b> Girls participated in a day or overnight outdoor event, or attended Resident Camp. Date: _____ Description: _____

<b>Program</b>	<input type="checkbox"/> <b>Activities:</b> Girls participated in an activity of their choosing, or girls planned and took at least one field trip away from meeting place. (See the <i>Go Guide</i> for activities to choose from!) Date: _____ Description: _____  <input type="checkbox"/> <b>Journeys:</b> The girls completed at least one age-level appropriate Journey of the girls' choosing. Date: _____ Journey: _____ Describe the Take Action project: _____  <input type="checkbox"/> <b>Badges:</b> The girls earned at least two badges of the girls' choosing. Badges: _____
	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><b>CEREMONIES (at least 2 completed)</b></p> <input type="checkbox"/> Investiture  <input type="checkbox"/> Rededication  <input type="checkbox"/> Bridging or Fly-Up  <input type="checkbox"/> Court of Awards  <input type="checkbox"/> Girl Scouts' Own  <input type="checkbox"/> Flag  <input type="checkbox"/> Other: _____ </div> <div style="width: 35%; border: 1px solid green; padding: 5px;"> <p><b>SPECIAL DAYS (at least 1 completed)</b></p> <input type="checkbox"/> Juliette Low's birthday (October 31)  <input type="checkbox"/> World Thinking Day (February 22)  <input type="checkbox"/> Girl Scout birthday (March 12) </div> </div> <input type="checkbox"/> <b>Girl Led:</b> List how you let the girls take the lead this year:   <input type="checkbox"/> <b>Cooperative Learning:</b> Give one example of how the girls worked together this year:

<b>Adult Learning</b>	<input type="checkbox"/> At least one volunteer has attended at least three Service Unit meetings during the year. <input type="checkbox"/> At least one volunteer attended the GSCSA Leadership Summit  <p><b>NEW TROOPS:</b></p> <input type="checkbox"/> At least one volunteer has completed the following in person courses: (All are required) New Troop Orientation      Completed by: _____      Date: _____ Jump In! GPM Training      Completed by: _____      Date: _____  <input type="checkbox"/> At least one volunteer has completed the follow gsLearn Learning Paths: (All are required) GSCSA Girl Program Mentor      Completed by: _____      Date: _____ GSCSA Troop Administrator      Completed by: _____      Date: _____ GSCSA Troop Product Sales      Completed by: _____      Date: _____ GSCSA Troop Treasurer      Completed by: _____      Date: _____ GSCSA Outdoor Education      Completed by: _____      Date: _____ GSCSA Troop Chaperone      Completed by: _____      Date: _____ GSCSA Conflict Resolution      Completed by: _____      Date: _____  <p><b>IF TROOP HAS GONE CAMPING:</b>  At least one volunteer has completed the Outdoor Education training.  Completed by: _____      Date: _____</p>
-----------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

We love to highlight our troops and their accomplishments! Please share a summary of some of your most memorable moments from the year:

By signing below, we verify that the information submitted on this application is truthful and accurate.

We understand that the Honor Troop program is based on an honor system and promise that we have conducted ourselves in accordance with the Girl Scout Law.

Girl Representative Signature: _____	Date: _____
Girl Representative First and Last Name _____	Troop Number: _____
Troop Administrator Signature: _____	Date: _____
Troop Administrator First and Last Name _____	Troop Number: _____
Service Unit Manager Signature: _____	Date: _____
Service Unit Manager First and Last Name _____	Service Unit Number: _____

<b>Girl Scout Council of the Southern Appalachians Office Use Only</b>	
Relationship Manager Approval: _____	Date: _____
Volunteer Development Manager Approval: _____	Date: _____
# Patches Sent _____	# Year Bars Sent: _____
Sent Date: _____	