girl scouts of middle tennessee

Community Service Bar Final Report

Please complete this form and return it to Girl Scouts of Middle Tennessee, **Highest Awards Manager,** after completing the required hours for the Community Service Bar.

4522 Granny White Pike
Nashville, TN 37204
highestawards@gsmidtn.org

Name:_____ Troop: _____

Address:_____ City: _____

State:_____ Zip:_____ Phone (day): _____

E-Mail Address: _____

Name of Organization: _____

Name of Organization Contact: _____

Address:_____ City: _____

State:_____ Zip:_____ Phone (day): _____

Please mark which Community Service Bar you are applying for:

☐ Cadette ☐ Senior ☐ Ambassador

How many hours of community service did you complete? _____

Please summarize what you did while completing the Community Service Bar:

Authorized Signatures:

_____ _____

Organization Contact Date

_____ _____

Troop Leader Date

Office Use Only

Date Received: _____ Date Approved: _____

Date Letter Sent: _____

Revised October 2015