

# Application for The Spirit Alive Medal

Applicant First and Last Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Address, City, State, ZIP Code \_\_\_\_\_

Telephone, E-mail Address \_\_\_\_\_

Member of  Camp Fire, USA     Girl Scouts USA     Other \_\_\_\_\_

Parish \_\_\_\_\_

Adult Moderator First and Last Name \_\_\_\_\_ Position \_\_\_\_\_

Address, City, State, ZIP Code \_\_\_\_\_

Telephone, E-mail Address \_\_\_\_\_

Parish \_\_\_\_\_

Having completed the program in *The Spirit Alive* program book and having complied with the diocesan procedures for the presentation of this recognition, I now apply for this medal.

\_\_\_\_\_  
Signature of Applicant—Date

\_\_\_\_\_  
Signature of Authorized Administrator

\_\_\_\_\_  
Signature of Advisor—Date

Please forward this application to the authorized administrator in your (arch)diocese.

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To be completed by the (arch)diocese.

Date Request Received \_\_\_\_\_

Date Medal Conferred \_\_\_\_\_

