

# **Application For The *Philena Chase Strappelli* Leadership Development Award**

The Philena Chase Strappelli Leadership Development Award was named in honor of Philena Chase Strappelli, who served as the Executive Director of Girl Scouts of Central Maryland for twenty-two years. During her tenure, she directed her energies and leadership abilities to ensuring the growth and development of individuals as well as to the expansion and enhancement of the Girl Scout program. The award was established to commemorate Mrs. Strappelli's many achievements.

The award provides financial assistance to Girl Scouts ages thirteen through twenty, to enable them to participate in projects which will promote leadership and increase their knowledge, skills, and experience.

To receive this award is an honor which can open other doors for the recipient.

## **General Directives**

- 1. Use only forms dated 09/08 or later.**
- 2. Read all criteria carefully.**
- 3. Meet all requirements.**
- 4. Submit all necessary documentation with the completed application. (Illegible or incomplete applications will be returned.)**
- 5. Retain a copy of all materials in your files.**
- 6. Mail all applications to GSCM Attn: The Philena Chase Strappelli Leadership Development Award.**
- 7. This application must be received at least 2 months before you need the award for your leadership experience.**

## **Criteria For Awards**

1. Awards from the fund will be made on the basis of Leadership Experience of the project or event rather than on financial need.
2. Awards will be limited to girls ages 13 thru 20 years old who are registered with Girl Scouts of Central Maryland and actively involved in the program. ( Age is at the time of the event)
3. Suitable opportunities to be considered include independent study, Self-developed projects, and events sponsored by the Girls Scouts or other organizations whose philosophy is in keeping with the Girl Scout purpose and values.
4. The projects or experiences should be part of the applicant's long-term plan for personal growth.
5. The application must be initiated and completed by the individual submitting the proposal.

## **Application Process**

1. Applicants will be responsible for completing the application form and arranging to appear for a personal interview as instructed.
2. Applicants whose proposals do not meet the criteria will be notified.
3. Applicants are not judged in competition with one another, but will be rated on individual basis.
4. An applicant may be granted more than one award, if appropriate. Applicants may receive the award twice as a registered girl member, and once as an adult member.

## **Follow-up**

1. A follow-up report will be required of each recipient, including an evaluation and plans for sharing her experience.
2. Recipients will be invited guests at the council's annual meeting and are expected to attend unless out of town. If the award is given after April 1, the recipient will be recognized at the Annual Meeting the following year.

**GIRL SCOUTS OF CENTRAL MARYLAND**  
**Application for Philena Chase Strappelli Leadership Development Award**

This form should be submitted to Girl Scouts of Central Maryland, (4806 Seton Drive, Baltimore, Maryland 21215), Attn: Phi Strappelli Leadership Development Award committee, at least two months before you need the award for your Leadership Experience. Applicant must be 13 thru 20 at the time of the event. Please print or type.

Date of Application \_\_\_\_\_ Date Grant is Needed \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
School (if applicable) \_\_\_\_\_  
Highest Grade Completed \_\_\_\_\_ Years in Girl Scouting \_\_\_\_\_  
Present Level (Cadette, Senior, Ambassador or Adult) \_\_\_\_\_  
Service Unit Number \_\_\_\_\_ Troop # if Applicable \_\_\_\_\_  
E-Mail \_\_\_\_\_

Please briefly describe the study, Leadership experience, or event for which you are applying .

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What is the total cost for the event? \_\_\_\_\_

What are your plans for funding this event? \_\_\_\_\_

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How do you currently participate in the Girl Scout Program? \_\_\_\_\_

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Previous Awards in Girl Scouting \_\_\_\_\_

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Other Awards \_\_\_\_\_

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Leadership Experience in Girl Scouting \_\_\_\_\_

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Other Leadership Experience \_\_\_\_\_

\_\_\_\_\_

Volunteer Service Given in Girl Scouting \_\_\_\_\_

\_\_\_\_\_

Other Volunteer Service \_\_\_\_\_

\_\_\_\_\_

Paid Work Experience \_\_\_\_\_

\_\_\_\_\_

Individual Achievements (independent study, research, projects) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interests, Hobbies \_\_\_\_\_

\_\_\_\_\_

**Please answer the following questions as completely as you can. Use a separate page for these questions, and attach to your application.**

1. What are your personal and career goals?
2. What plans do you have for achieving them?
3. What will your role be in the Leadership Event you will be attending?
4. How do you feel this activity will contribute to your plans for personal growth and develop your leadership skills?
5. How will you use this experience to make a future contribution to society?
6. How will you share your experiences with other Girl Scouts?

**Please give three character references, including one Girl Scout adult (examples: Teacher, religious leader, employer). One may be a peer. References may not include family members. Three reference forms are attached. References may be included with your application or mailed separately. References will be contacted if letters are not received prior to the interview.**

1. Name \_\_\_\_\_  
Position \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

2. Name \_\_\_\_\_  
Position \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

3. Name \_\_\_\_\_  
Position \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Signature of Parent or Guardian  
(if under 18)

**APPLICANTS MUST BE 13 thru 20 YEARS OF AGE TO APPLY**

**Girl Scouts of Central Maryland**  
**Reference: Philena Chase Strappelli Leadership Development Award**

Please feel free to use the back or additional sheet if necessary

Name of Applicant \_\_\_\_\_

1. How long have you known the applicant and in what capacity?

2. Has she shown ability to work with:

Peers? \_\_\_\_\_ Adults? \_\_\_\_\_ People who are different from herself? \_\_\_\_\_

3. How has she demonstrated the capacity to take initiative and use leadership skills?

4. Please comment on her strengths, weaknesses, and personal values:

Your Name \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_

**Please return to:**  
Philena Chase Strappelli Leadership Development Committee  
Girl Scouts of Central Maryland  
4806 Seton Dr.  
Baltimore, MD 21215  
410.358.9711 or 800.492.2521



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