

Girls Only Graduate Application

Girl's Name _____ Church Name _____
Church Address _____ Birthdate__ Sponsor's Name_ Sponsor's Address

.....
Date Review Passes ___/___/___ Grade _____

Review Board Member Signature _____
Review Board Member Signature _____
Review Board Member Signature _____
Review Board Member Signature _____

.....
Complete this portion before sending this review cover page to your District coordinator.

I have completed my Journal. I have read the entire Bible.

Girl's Signature _____

Sponsor's Signature _____

Date _____

Date of Celebration ___/___/___

Pastor's Signature _____ Date _____

Send to your District Girls Ministries Director. **Do you want the certificate to be sent to your church address or sponsor's address? (circle one)**

