

## GIRL SCOUT GOLD AWARD PROJECT PROPOSAL

Please fill out using a word processing program, type or print in black ink. Make copies for your Girl Scout Gold Award Project Advisor and yourself to keep. Submit original proposal to Council for approval at least four weeks prior to when you want to start your project. Forms written in pencil or illegible will be returned. If you begin and complete your project without council approval, your Gold Award Final Report will not be approved.

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### FOR COUNCIL USE ONLY

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RECEIVED BY COUNCIL ON: \_\_\_\_\_

REVIEWED BY COMMITTEE ON: \_\_\_\_\_

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Full Name (Include middle initial, and no nicknames, please): \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ 9-Digit-Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Graduation year: \_\_\_\_\_

School: \_\_\_\_\_ Service Unit Name: \_\_\_\_\_ Service Unit #: \_\_\_\_\_

Parent/Guardian's Names: \_\_\_\_\_

Troop Leader's Name: \_\_\_\_\_ Troop/Group Number: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Troop Leader's Phone: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

*Young women who are developmentally delayed may have until the completion of the membership year in which she turns 21 years of age as a Girl Scout to finish their Gold Award.*

#### Bronze Award Information

Did you earn the Bronze Award?  Yes  No

If "Yes", describe the project and include the month and year it was completed.

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**Silver Award Information**

Did you earn the Silver Award?  Yes  No

If "Yes", describe the project and include the month and year it was completed.

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*PLEASE NOTE: Girl Scout recognitions earned prior to June 1st of entering 9th grade, or while still in the process of earning the Silver Award, MAY NOT be used towards the requirements for the Gold Award.*

**STEP 1: Get Ready**

\_\_\_\_\_ (Month/Year) I read the Gold Award "Go For It" book

\_\_\_\_\_ (Month/Year) I attended Gold Award training

**STEP 2: The Girl Scout Gold Leadership Award**

*You must have the signature of the person who worked with you for those specific requirements. It is expected that you will have different signatures for different activities.*

Activities	Date Completed (Month/Year)	Advisor/Consultant Signature
EARN IT: List the 3 Interest Project patches below.  IP:  IP:  IP:		
BELIEVE IT: STUDIO 2B Focus Book: <i>(name of book)</i>		
LEAD IT: (30 hours) Attach a separate sheet indicating the date of each leadership activity, what you did that date, and how much time you spent on each leadership activity. Then total the leadership hours. Include signatures of the people who were in charge of the group(s) for each leadership segment which was completed.		

**STEP 3: The Girl Scout Gold Career Award**

Describe 40 hour career related activity: Attach a separate sheet listing your career hours or the college visits. Include month/year and hours worked (i.e. Grocery store clerk–40 hours from 10/06–5/07) OR list the college tours, apprenticeships, etc. with hours and month/year. Then total the hours.

*You must have the signature of the person who worked with you for those specific requirements. It is expected that you will have different signatures for different activities.*

	Date Completed (Month/Year)	Advisor/Consultant Signature

**STEP 4: The Girl Scout Gold 4 Bs Challenge Award**

Activity –Describe each activity, goal or action taken on a separate sheet. Include the month/year each activity was completed and the hours spent on each of the four steps listed below. See pages 17-21 of the Gold Award Go For It! book for the specific questions which need to be answered.

*You must have the signature of the person who worked with you for those specific requirements. It is expected that you will have different signatures for different activities.*

Activities	Date Completed (Month/Year)	# of hrs.	Advisor/Consultant Signature
BECOME			
BELONG			
BELIEVE			
BUILD			
TOTAL HOURS=			

**STEP 5: The Girl Scout Gold Award Project**

Title of Project: \_\_\_\_\_

Proposed Start Date: \_\_\_\_\_ Proposed Completion Date: \_\_\_\_\_

List the full name and address of the sites/organizations (benefactor) which will benefit from your project. If you plan to provide the program to more than one site, attach a sheet with additional agency names and addresses.

Name \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**A. Describe the Issue Your Project Will Address**

1. Who is your audience? How many people will be served (if applicable)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What type of program/service will you provide? What do you hope to achieve? Describe in detail.

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3. When will the program or service be delivered? Give estimated dates.

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4. Where will the program or service be delivered? If same as above, indicate as "Same". If there is more than one site, list all.

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**B. Discuss the reasons for selecting this project.**

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**C. Describe how you will accomplish the leadership component of the Gold Award project.**

Tell us how you will recruit, train and supervise a team of three or more non-related volunteers to assist you as you deliver/provide the program/service to others. You must build seven hours of leadership into your project where you lead a team of volunteers who are helping you, in turn, to teach others in your community while delivering the program.

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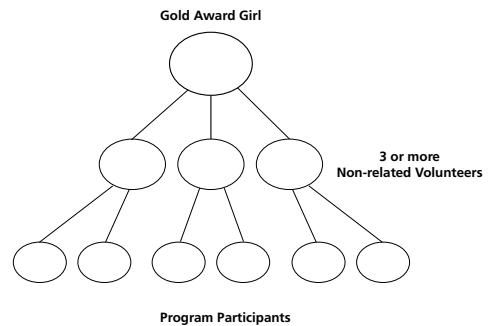
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**D. Outline your strengths, talents, and skills that will be put into action.**

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**E. Attach a copy of your project timeline which you have developed.**

Describe all the steps involved in planning and putting your plan into action, including reserving facilities and/or equipment needed. Please estimate the time you think each step will take. Include the preliminary hours you have already spent doing the 4 Bs Challenge, up to a maximum of 15 hours. You must itemize the 4 Bs Challenge hours on the timeline, listing the date, activity and time spent on each section of the 4 Bs. The timeline must include each of the major tasks associated with the project, the estimated time to complete each task, and the estimated date/month you hope to complete each task. You must include the time needed to recruit, train and supervise your team of volunteers. Then total the estimated hours to show how you plan to earn the minimum 65 project hours.

**F. Indicate methods you will utilize to evaluate the effectiveness of your project.**

You must create and distribute evaluation forms to your volunteer team, program participants, benefactor, and your project advisor.

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**G. List the names of consultants and resources you plan to use to complete your project. Include full names, titles and organizations, if applicable. Also list their relationship to you, if applicable (i.e. parent, sibling, Girl Scout leader, teacher, friend, coach, etc.)**


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**H. Estimate overall project expenses and how you plan to meet these costs.**

All supplies needed to complete the project must be listed. Indicate if you plan to have any supplies donated. Contact the Older Girl Program Manager for the GSEP Solicitation Letter to seek supplies from businesses. **This section must be completed by every applicant, even if the benefactor covers the project expenses Or even if you don't need to purchase supplies.**

Materials Description	Estimated Cost	Donated/Paid by
<b>Total Expenses \$</b>		

How do you plan to meet these costs? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I. What is the lasting impact or benefit to the community? How will the project be sustained?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Signature \_\_\_\_\_ Date: \_\_\_\_\_

**The Gold Award Project Advisor cannot be a troop leader or relative. It must be an adult who has agreed to advise a girl with specific technical aspects of her project. This could be a member of an agency who is supporting the girl's project, a professional with specific expertise relevant to the project, such as a landscape architect, school counselor, clergy, etc.**

Gold Award Project Advisor's Name (please print): \_\_\_\_\_

Project Advisor's Phone: (        ) \_\_\_\_\_ Project Advisor's E-Mail: \_\_\_\_\_

Project Advisor's relationship to the Gold Award applicant: \_\_\_\_\_

Project Advisor's Job Title: \_\_\_\_\_

Gold Award Project Advisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Gold Award Applicant's racial background is:** *(please check as many as apply)*

African American     American Indian     Asian     Caucasian     Hawaiian or Pacific Islander

Other (please specify: \_\_\_\_\_ )

Gold Award Applicant's ethnic background is: (please check one)     Hispanic or Latina     Non-Hispanic or Latina

**Please send the Project Proposal and Project Plan timeline to:**

Girl Scout Gold Award Committee  
Girl Scouts of Eastern Pennsylvania  
Attention: Joan Hannahoe  
2633 Moravian Avenue  
Allentown, PA 18103