

GIRL SCOUT GOLD AWARD PROJECT PROPOSAL

Due by 1st of the Month

The Girl Scout Gold Award Advisory Committee reviews Gold Award Proposals the 3rd week of the month, Sept through June. **Proposal is due the 1st day of the month** for review.

Proposals received after the 1st will be reviewed the following month.

Instructions: Using a word processing program, TYPE or neatly PRINT in black ink- do not use pencil

- Fill in all information and answer all questions.
- Place your name at top of all pages
- Make a copy for you and your troop leader or project advisor
- **Send completed form to: Girl Scouts of Eastern Missouri, 2300 Ball Drive, St. Louis, MO 63146 Attn: Gold Award , E-mail: BSGawards@girlscoutsem.org or FAX 314.890.0645**

Date Attended Girl Scout Gold Award Workshop _____ (attach copy of Workshop certificate)

Name _____ Age ____ Grade ____

Address _____ City _____ State ____ Zip _____

E-mail _____ Phone _____

Troop Number ____ or PEGS ____ District ____ Neighborhood ____ School _____

Troop Leader _____

Phone _____ E-mail _____

Girl Scout Gold Award Project Advisor: (Not your leader or parent)

Name _____ Title _____

Address _____ City _____ State ____ Zip _____

Phone _____ E-mail _____

How is Project Advisor connected to your project: _____

Project Advisor's Organization (if applicable) _____

Date GSEM Background Check submitted _____

SIGNATURES REQUIRED: If signatures are not included, proposal will be returned to applicant

Your Signature: _____ **Date** _____

Project Advisor _____ **Date** _____

Council Representative Approved _____

Approved _____ Revisions ____ Rcvd _____ Project Advisor Background Check rcvd _____
Resubmit ____ Committee Member _____

Prerequisites:

- Complete two Girl Scout Senior or Ambassador Journeys at age level
- Or
- Complete one Girl Scout Senior or Ambassador Journey and earned the Girl Scout Silver Award as a Girl Scout Cadette

List Journeys that you have completed along with your troop/group leader signature.

Senior/Ambassador Journey	Date Completed	Troop/Group Leader Signature
1.		
2.		

Attach copy of GSEM Silver Award Report form

Girl Scout Silver Award Completion Date	
Council where you earned the Award	

Your Team

List the names of individuals and organizations that you plan to work with on your Take Action project. This is a preliminary list that may grow through the course of your project.

Team Members	Affiliation	Role

RACIAL/ ETHNIC BACKGROUND *The following information is requested only to measure progress toward serving all girls and adults in our jurisdiction.* White Black or African American Asian Hawaiian or Pacific Islander American Indian or Alaskan Native Hispanic or Latino Not Hispanic or Latino Other(specify) _____

Do you have a disability? No Yes (please check type)
 Speech Physical Visual Hearing
 Other Impairments: _____
 Specific Learning Disabilities _____

REMINDER: You must receive approval from the Girl Scout Gold Award Advisory committee BEFORE you begin your project.

Take Action Project (minimum of 80 hours planning, completion and evaluation)

Project Title _____

Proposed Start Date _____

Proposed Completion Date _____

On separate page(s) answer the following and attach to this form.

Place your name at top of each page.

Be concise, comprehensive and clear.

- A. Describe the issue your project will address and who is your target audience. Remember your 15-second pitch.
- B. Discuss your reasons for selecting this project.
- C. Describe the steps involved in putting your plan into action. Give the answers to What, Why, How, Who, in your description. Attach a time line with detailed project plan; include resources, facilities, equipment, and approvals needed.
- D. Outline the strengths, talents, and skills that you plan to put into action. What skills do you hope to develop?
- E. List the names of people or organizations you plan to inform and involve.
- F. Estimate overall project expenses and how you plan to meet these costs. (include a proposed budget for your project)
- G. What methods or tools will you use to evaluate the impact of your project?
- H. How will your project be sustainable beyond your involvement?
- I. Is there a national and/ or global link to your project?
- J. Describe how you plan to tell others about your project, the project's impact, and what you have learned (Web site, blog, presentations, posters, videos, articles, and so on)

IMPACT PLANNING

Using this Chart, describe the impact you hope your project will have on your community, your target audience, and you.

Impact On ...	Goals	Potential Impact
Community	What community issue do you plan to address?	What examples of the project impact might you see in future?
Target Audience (workshop participants, other youth, community members, and so on)	What skills, knowledge, or attitudes will your target audience gain?	How will you know that the target audience gained skills or knowledge?

The following is a list the 15 **Girl Scout Leadership Outcomes**. *
Which do you think will develop through this project?

DISCOVER:

- I will develop a stronger sense of self
- I will develop positive values
- I will gain practical life skills
- I will seek challenges in the world
- I will develop critical thinking

CONNECT:

- I will develop healthy relationships
- I will promote cooperation and team building
- I will resolve conflicts
- I will advance diversity in a multicultural world
- I will feel more connected to my community, locally and globally

TAKE ACTION:

- I will identify community issues
- I will be a resourceful problem solver
- I will advocate for myself and others, locally and globally
- I will educate and inspire others to act
- I will feel empowered to make a difference in the world

* Want more information on the Girl Scout Leadership Outcomes?
 Visit www.girlscouts.org/research/publications/outcomes/transforming_leadership.asp

