



Name: _____

Troop/Group #: _____

Girl Scouts of Shagbark Council

Gold Award

Project Proposal



4102 S. Water Tower Place
Mt. Vernon, IL 62864

Phone: (618)242-5079
Toll Free: (888)317-6353
Fax: (618)242-5191

Website: www.shagbark.org
e-mail: girlscouts@shagbark.org

Gold Award Project Proposal Checklist

- _____ The paperwork is typed, word processed or neatly written in paragraph form with accurate grammar and spelling.
- _____ The project meets a unique need in the community currently not being met.
- _____ The project clearly demonstrates how the Girl Scouts' initiative and leadership skills will be used. *See "Is it Leadership or Service?" located in the General Guidelines.*
- _____ The community served reaches beyond Girl Scouting.
- _____ The project's continuing impact in the community is clearly outlined.
- _____ The project is financially feasible for the Girl Scout and a financial plan is included. *See "MONEY and Your Project" located in the General Guidelines.*
- _____ The project described follows Girl Scout *Safety-Wise* guidelines.
- _____ A letter of support of the project idea is included from all collaborative outside organizations. *See "Definitions" located in the General Guidelines.*
- _____ Timeline from Step 1 through 7 must be submitted with your project proposal (*see Form A in this package*)
- _____ The project described will require a minimum of 65 hours of **productive** time involvement, including up to 15 hours from the 4Bs challenge.
- _____ Group projects: each girl must have an individual project assignment, with a clearly defined area of responsibility, that will support a minimum of 65 hours.
- _____ Make a copy for your records. Submit the original to the Council Service Center.



Girl Scout Gold Award Project Proposal Girl Scouts of Shagbark Council

**Make copies for your Girl Scout Gold Award Project advisor and for you to keep.
Do not begin your project until you have received council approval.**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Your e-mail: _____

Parent / Guardian Name: _____

Age: _____ Grade: _____ School: _____

Month / Year Registered as Senior Girl Scout: _____

Service Unit: _____ # of years in Girl Scouting: _____

STEP 1: ORGANIZE

Troop/Group Advisor: _____ Troop/Group Number: _____

Troop/Group Advisor's Phone: (____) _____ e-mail: _____

Project Advisor: _____

Project Advisor's Phone: (____) _____ e-mail: _____

Date Gold Award Workshop attended: _____

Attach a copy of your completed timeline. *See Form "A" in this package.*

STEP 2: LEAD – The Girl Scout Gold Leadership Award

Activities	Date Completed	Advisor Signature*
1. Earn It:		
IP:		
IP:		
IP:		
2. Believe It: STUDIO 2B Focus book:		

Activities	Date Completed	Advisor Signature*
3. Lead It: (30 hours) Describe activities and document your hours using the <i>Leadership Time Log (Form B)</i> located in this packet.		

STEP 3: NETWORK - GIRL SCOUT GOLD CAREER AWARD

Earning your Gold Career Award gives you a process for planning your direction after high school.

The details of this Award can be found in Step 3 of the Gold Award Project Journal.

Describe (40 hours) career related activity:	Date Completed	Advisor Signature*
<i>Use the Career Log, Form C, included in this packet to describe your activities. Your Advisor should sign in this section. .</i>		

*Can be signature of your troop/group advisor or Girl Scout Gold Award project advisor.

STEP 4: GIRL SCOUT GOLD 4Bs AWARD

Activity	Date Completed	Advisor Signature*
Become - Celebrate yourself today and become your best self in the future.		
Belong - Be part of a group where you have fun, relate to others with respect, and develop lasting friendships.		
Believe - Develop your ideas and voice what's important to you.		
Build - Take action of what you care about and make a difference.		



Name: _____

Troop Number: _____

Step 5: CREATE – Plan your Girl Scout Gold Award Project

Project Title: _____

Proposed start date: _____ Proposed completion date: _____

Answer the following questions in regard to your proposed project. If more space is needed, please use additional sheets of paper.

- Describe what you are going to do for your project.

- Why have you chosen this project?

- What do you hope to accomplish with your project? How will this project benefit others?

- What is the lasting effect on the community?

- How is this project different than a service project?

- Is any training required for this project?

- Estimate overall project expenses and how you plan to meet these costs. Use *Form D* in this packet.

SIGNATURES:

Your name printed

Signature

Date

Troop/Group Advisor's name printed

Signature

Date

Project Advisor's name printed

Signature

Date

PROJECT PROPOSAL

TIMELINE

Name: _____

Troop # _____

<u>Step #</u>	<u>Projected Start Date</u>	<u>Projected End Date</u>
1 – Organize		
2 – Lead		
3 – Network		
4 – Explore		
5 – Create		
6 – Award Project		
7 – Reflect		
8 - Celebrate		

CAREER/COLLEGE

TIME LOG

Name: _____ Troop # _____

You need 40 hours to complete this activity. Use a separate sheet if more space is needed.

<u>Career/College Exploration Activity Description</u>	<u>Time Spent</u>

Total hours _____

Fast Track: If you currently have a paying job or have started your own business and have put in 40 hours on it, you can document your experience below in place of the above step.

Name of Business: _____

Position held: _____

<u>Date</u>	<u>Time Start</u>	<u>Time Stop</u>

Name of Supervisor/Manager (please print) _____

Signature of Supervisor/Manager: _____

