

Girl Scout Gold Award Project Proposal for Girl Scouts of Central and Western Massachusetts

Submit this form to your council 4-6 weeks prior to starting your project.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Phone: _____

Age: _____ Grade: _____ School: _____

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

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

Girl Scout Gold Award Project Advisor: _____

Project Advisor's Organization: _____

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

Prerequisites: Two Senior or Ambassador journeys or one journey and the Girl Scout Silver Award.
List two journeys that you have completed along with your troop/group leader/advisor's signature.

Senior/Ambassador Journey Books	Date Completed	Troop/Group Leader/Advisor's Signature
1.		
2.		

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.

More Team Members	Affiliation	Role

- i. 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 the Impact Planning 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?

Impact Planning, continued

The following is a list of the 15 Girl Scout Leadership Outcomes.* Which do think you 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.

Your Signature: _____

Date: _____

Project Advisor's Signature: _____

Date: _____

Council Representative Approved: _____

Date: _____

Submit this form to: Teen Program Specialist, Girl Scouts of Central and Western Massachusetts, 81 Gold Star Boulevard, Worcester, MA 01606. You will be contacted for an initial interview with the Gold Award Mentor Committee. This process may take 4-6 weeks; please plan accordingly.

*Want more information on the Girl Scout Leadership Outcomes? Visit

www.girlscouts.org/research/publications/outcomes/transforming_leadership.asp.