



Girl Scouts of Central & Western Massachusetts
800-462-9100 or 413-584-2602/www.gscwm.org



GIRL SCOUT SILVER AWARD PROJECT INTENT FORM

Please type or print in black ink and return to the Teen Program Specialist at 81 Gold Star Boulevard, Worcester, MA, 01606 one month prior to beginning your project. Girls must be in grades 6-8 to begin a Girl Scout Silver Award Project. This form is simply to let us know what you are working on and when, and to give us an opportunity to provide feedback and help. This is not a contract and you can change and adjust your project as needed; please let us know if you do.

Part I: Personal Data

Name: _____ Age: _____ Grade: _____
Address: _____ City: _____ Zip: _____
Phone: _____ E-Mail: _____
Service Unit: _____ Troop/Group #: _____

Project Advisor (this is NOT your troop/group volunteer): _____
Phone: _____ E-Mail: _____

Part II: Prerequisite:

Title of Journey completed : _____
Date completed: _____

Part III: Girl Scout Silver Award Project

Title of Project: _____
I plan to begin my project on: (date) _____
Target completion date: _____

Continued on Reverse

Describe your Take Action Project and why you selected the project. What is your project? Why does it matter? Who will it help?

Applicant's Signature: _____ Date: _____
Troop/Group Volunteer's Signature: _____ Date: _____

Questions? Please contact Tammy at 800-462-9100 or 413-584-2602, ext. 3608 or Tbreen@gscwm.org.

Received by Council	(Date)
Contacted by Council	(Date)