



## Girl Scout Gold Award Project Proposal

### Girl Scout Council of Mount Magazine Area

Please complete using a word processing program, or type or print in black ink. Make a copy for your Girl Scout Gold Award Project advisor, your troop/group advisor and one for yourself. Submit original to your council 6-8 weeks prior to starting your project. Do not begin project until you have received council approval. Check with your council for any deadlines.

Name: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Your E-Mail: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Troop/Group Advisor: \_\_\_\_\_ Troop/Group Number: \_\_\_\_\_

Troop/Group Advisor's Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

#### STEP 1: GET READY

Girl Scout Gold Award Project Advisor: \_\_\_\_\_

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

**Attach copy of timeline developed by you and your advisor.**

#### STEP 2: GIRL SCOUT GOLD LEADERSHIP AWARD

Activities	Date Completed	Project Advisor Signature
1. Earn It: IP:		
IP:		
IP:		
2. Believe It: STUDIO 2B Focus Book you chose:		
3. Lead It: (30 hours) Describe:		

STEP 3: GIRL SCOUT GOLD CAREER AWARD

Describe 40 hours career related activity:	Date Completed	Project Advisor Signature

STEP 4: GIRL SCOUT GOLD 4 B'S AWARD

Activity	Date Completed	Project Advisor Signature
A. Become		
B. Belong		
C. Believe		
D. Build		

STEP 5: GIRL SCOUT GOLD AWARD PROJECT

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

Proposed start date: \_\_\_\_\_ Proposed completion date: \_\_\_\_\_

A. Describe your project and who will benefit.

B. Discuss the reasons for selecting this project.

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

D. Describe the steps involved in putting your plan into action, including facilities and/or equipment needed. (You can attach project plan.)

E. Indicate methods and/or tools you will utilize to evaluate the effectiveness of your project?

F. List the names of advisors and resources you plan to use.

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

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Project Advisor's signature: \_\_\_\_\_

ACTIONS:	DATE:
Date Received by Council	
Coaching given:	
Girl response:	

Approved by: \_\_\_\_\_  
Council Representative

Date: \_\_\_\_\_



# Girl Scout Gold Award Final Report

## Girl Scout Council of Mount Magazine Area

Please fill out using a word processing program, or type or print in black ink. Make a copy for your Girl Scout Gold Award Project Advisor and one for yourself to keep. **SUBMIT ORIGINAL TO YOUR COUNCIL.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Your E-Mail: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Troop/Group Advisor: \_\_\_\_\_ Troop/Group Number: \_\_\_\_\_

Troop/Group Advisor's Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Girl Scout Gold Award Project Advisor: \_\_\_\_\_

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

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

### STEP 6: Tracking Project Hours

Date started:

Date Completed:

### STEP 7. Reflection and Evaluation

- A. Briefly summarize your project. Include the issue your project addressed and the methods you used for meeting the project objectives.

B. Discuss the benefits your project provided to others in the community.

C. Detail the method used for evaluating the impact of your project.

D. What did you learn about yourself as a result of this project?

E. What aspects of your project would you change or do differently?

F. What was the most successful aspect of your project?

**Your signature:** \_\_\_\_\_

**Date:**

**Girl Scout Gold Award Project Advisor's signature:** \_\_\_\_\_

<b>ACTIONS:</b>	<b>DATE:</b>
Date Received by Council	
Final approval given:	

Approved: \_\_\_\_\_

Council Representative

Date: \_\_\_\_\_

