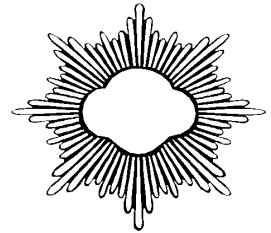


# GIRL SCOUT GOLD AWARD PROJECT PROPOSAL

Girl Scout Council of the Nation's Capital



This form is also available at [www.gscnc.org](http://www.gscnc.org). Form may be completed on line, sent as email attachment (to [goldaward@gscnc.org](mailto:goldaward@gscnc.org)), faxed to the attention of the Gold Award Panel at 202-274-2161 or mailed to address below. If using on line, email or fax, original of page 1 must be submitted within 5 business days. Retain a copy for yourself and your advisors. Mail projects to **GSCNC, Attn: Gold Award Panel, 4301 Connecticut Ave. NW, Washington, DC 20008**

Submission deadline is 5:00 PM on the first working day of the month to be reviewed that month. Projects received after the deadline will be reviewed the following month.

Projects are reviewed on the 2<sup>nd</sup> Tuesday of the month and notification of action is mailed within 7 days. Do not call for information on action. Do not begin your project until you have received council approval.

|   |               |  |  |               |
|---|---------------|--|--|---------------|
| Name  |               | Girl Scout ID #                                  | Troop/group #                                | Association # |
| Address   |               |  | City   |               |
| County  |               | State  | Zip Code                                     |               |
| Phone   |               | Email  |  |               |
| Age   | Current Grade | School   |  | Class of      |
| US Congressional District                                   |               | MD/VA General Assembly District/ DC Council Ward | MD/VA State Senate District                  |               |
| Date/ location of Gold Award Workshop I attended (optional) |               |  |  |               |
| My signature  |               |  | Date   |               |
| <b>Troop/group Advisor</b>                                  |               |  | <b>Girl Scout Gold Award Project Advisor</b> |               |
| Name  |               |  | Name   |               |
| Address   |               |  | Title/Organization                           |               |
| City/State/ZIP  |               |  | Address                                      |               |
| Daytime Phone   |               |  | City/State/ZIP                               |               |
| Evening   |               |  | Phone  |               |
| E-Mail  |               |  | E-Mail                                       |               |
| Signature of Troop/Group Advisor                            |               |  | Signature of Project Advisor                 |               |
| Date  |               |  | Date   |               |

**Gold Award Project Proposal page 2 - Prerequisites**  
**LEADERSHIP**

| Path A: -Begun prior to Nov 2004   | Path B: Begun Nov 2004 or later                                      | Date Completed | Advisor* Signature |
|--|--|----------------|--------------------|
| Earn 4 Interest Project Patches  | Girl Scout Gold Leadership Award                                     |                |                    |
| Interest Project or Focus Book*  | Interest Project   |                |                    |
| Interest Project or Focus Book*  | Interest Project   |                |                    |
| Interest Project or Focus Book*  | Interest Project   |                |                    |
| Interest Project or Focus Book*  | STUDIO 2B Focus Book   |                |                    |
| Path A & B: Briefly describe what you gained by completing these requirements.<br><ul style="list-style-type: none"> <li>• New skills you learned</li> <li>• How you used the Girl Scout Law</li> <li>• How these activities will help you in doing your Gold Award project</li> </ul> |  |                |                    |
| Earn Girl Scout Senior Leadership Award –spend 30 hours in 2 or more positions   | Put Leadership into action by spending 30 hours in a leadership role |                |                    |
| Path A & B: Describe your leadership roles. Include new skills learned, what you learned about being a leader and how this will help you in doing your project.  |  |                |                    |

**CAREERS**

| Path A –Begun prior to Nov 2004   | Path B –Begun Nov 2004 or later  | Date Completed | Advisor Signature |
|---|--|----------------|-------------------|
| Career Exploration Pin  | Girl Scout Gold Career Award   |                |                   |
| List activities did you complete to earn the Career Exploration award and one new skill you learned that will help you in doing your project. | List how you spent 40 hours on career related activities and one new skill that will help you in doing your project. |                |                   |

**CHALLENGE**

| Path A Begun prior to Nov 2004 Girl Scout Challenge Award  | Path B -Begun Nov 2004 or later Girl Scout Gold 4 Bs Challenge            | Date Completed | Project Advisor |
|--|---|----------------|-----------------|
| For each step briefly describe what you did, what you learned and how this will help with your project |   |                |                 |
| Develop your potential   | Become:   |                |                 |
| Relate to others   | Belong:   |                |                 |
| Develop values for living  | Believe:  |                |                 |
| Contribute to Society  | Build:  |                |                 |
| Help others know about Girl Scouting   | Number of hours related to your Gold Award Project _____(up to 15 hours). |                |                 |



## Girl Scout Gold Award Project Proposal – Page 4

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

F. List the names of individuals who will help you with this project.

G. Estimate project expenses and how you plan to meet these costs. Provide as much detail as you know at this time. You must list donations of money or materials you anticipate, including the estimated value and the organization. *If you later decide to ask for a donation that is not listed here you must contact the Teen Program Specialist for approval.* Remember that an adult must do the actual “ask” for all donations. .

| Item | Unit cost | How many | Total cost or value | Source of donation or funds for purchase | Alternate source for donated or borrowed items |
|------|-----------|----------|---------------------|--|--|
|      |           |          |                     |  |  |
|      |           |          |                     |  |  |
|      |           |          |                     |  |  |
|      |           |          |                     |  |  |
|      |           |          |                     |  |  |
|      |           |          |                     |  |  |

H. Explain how you will implement *Safety-Wise* Guidelines and Activity Checkpoint(s) that apply to your project. .

What parts of the Basic Safety Guidelines chapter apply to your project and how will you ensure they are addressed?

Will you require a first aider for any part of your project? If so, what specific first aide training will be required? Who will serve as your first aider?

Do any of the following *Safety-Wise* Program Standards apply to your project and if so how will you address them? Standard 3, 8, 10, 13, 14, 22, 24, 25 and 27

Do any Activity Checkpoints (chapters 7-11) apply to your project and if so how will you address them?

Does your project involve raising money for another organization?

Does your project involve political activity?

I. Describe any additional details about the content or results of your Project that you think the Panel should know.