



## Girl Scout Gold Award Project Proposal

**for Girl Scouts of Eastern Massachusetts**  
**265 Beaver St., Waltham, MA 02452**

Please fill out using a word processing program, type or print in black ink. Make copies for your Girl Scout Gold Award Project advisor, your troop/group advisor and for you to keep. Submit original into 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:**

**Town:**

**Zip:**

**Phone:** (     )

**Your E-Mail:**

Age:                      Grade:                      Year of Graduation:

School:

Troop/Group Advisor:

Troop/Group Number:

Troop/Group Advisor's Phone: (     )

E-Mail:

### STEP 1: GET READY

Girl Scout Gold Award Project Content Advisor:

Content Advisor's Phone: (     )

Content Advisor's E-Mail:

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

Did you attend a Gold Award training?

### STEP 2: GIRL SCOUT GOLD LEADERSHIP AWARD

<b>Activities</b>	<b>Date Completed</b>	<b>Advisor* Signature</b>
1. Earn It: IP:		
IP:		
IP:		
2. Believe It: Studio 2B Focus Book:		
3. Lead It: (30 hours) Describe:		

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

**STEP 3: GIRL SCOUT GOLD CAREER AWARD**

Describe 40 hour career related activity:	<b>Date Completed</b>	<b>Advisor Signature</b>

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

**STEP 4: GIRL SCOUT GOLD 4 B'S CHALLENGE**

<b>Activity</b>	<b>Date Completed</b>	<b>Project Advisor Signature</b>
A. Become		
B. Belong—		
C. Believe		
D. Build		

# Hours for 4B Challenge \_\_\_\_\_

**STEP 5: GIRL SCOUT GOLD AWARD PROJECT**

(Additional pages may be attached)

**Title of Project:**

**Proposed start date:**

**Proposed completion date:**

A. Outline in detail the issue your project will address, what you hope to achieve, how you will achieve 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. How will demonstrate your leadership?

D. Describe the steps involved for 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 (attach copy of budget sheet from your record book).

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

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

<b>ACTIONS:</b>	<b>DATE:</b>
Received by Council on:	
Coaching given:	
Girl response:	

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Council Representative

GSUSA 4/22/2004 Rev.