



Girl Scout Gold Award | Project Proposal

Your Name: _____

NOTE: APPLICATION MUST BE SUBMITTED ONLINE, PLEASE GO TO: [HTTPS://GOGOLD.GIRLSCOUTS.ORG](https://GOGOLD.GIRLSCOUTS.ORG). THIS FORM IS PRACTICE ONLY!!

TRAINING MUST ALSO BE COMPLETED THROUGH GSLEARN BEFORE PROPOSAL SUBMISSION. PLEASE REQUEST TRAINING AT <https://www.girlscoutsni.org/en/members/for-girl-scouts/highest-awards.html>

Council Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

NOTE: BE SURE TO SUBMIT YOUR PROPOSAL BY THE DATE ESTABLISHED BY YOUR COUNCIL.

Your Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Age: _____ Grad Year: _____ School: _____

Troop/Group Number: _____ Troop/Group Volunteer: _____

Troop/Group Volunteer's Phone: _____ Email: _____

Girl Scout Gold Award Project Advisor: _____

Project Advisor's Organization: _____

Project Advisor's Phone: _____ Email: _____

This form is for practice and example only



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Prerequisites: You must have either completed A) the Girl Scout Silver Award and one Senior or Ambassador Journey, or B) two Journeys. Please list the prerequisites you completed below and obtain your troop/group volunteer's signature.

Senior/Ambassador Journey	Date Completed	Troop/Group Volunteer'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 you plan to work with on your Gold Award project. This is a preliminary list that may grow over the course of your project.

Individual (if applicable)	Organization	How my team will help



Your Name: _____

Proposed Project Description

Gold Award Title: _____

Proposed Start Date: _____ Proposed Completion Date: _____

The theme(s) my Gold Award will address is/are:

- | | | |
|--|---|--|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Elderly Issues | <input type="checkbox"/> Military/Veterans Affairs |
| <input type="checkbox"/> Arts, Culture, Heritage | <input type="checkbox"/> Entrepreneurship | <input type="checkbox"/> Outdoors |
| <input type="checkbox"/> Children's Issues | <input type="checkbox"/> Environment & Sustainability | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Civic Engagement | <input type="checkbox"/> Health | <input type="checkbox"/> Public Safety |
| <input type="checkbox"/> Disability Issues | <input type="checkbox"/> Healthy Relationships | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Disaster Relief | <input type="checkbox"/> Human Rights | <input type="checkbox"/> STEM |
| <input type="checkbox"/> Education | <input type="checkbox"/> Lifeskills | <input type="checkbox"/> Other: _____ |

My Gold Award aims to address this issue:

The reasons I selected my issue are:



Your Name: _____

Root Cause

The root cause of my issue is:

I will address the root cause by:

Target Audience

The target audience(s) for my Gold Award project is/are:

The skills, knowledge, and/or attitudes my target audience will gain are:

I will know that my audience has gained the desired skills/knowledge because:

Proposed Impact—National and/or Global Link

My Gold Award's national and/or global link is:



Your Name: _____

Proposed Impact—Measurable Goals

Measurement of my project's success:

What my audience will learn/gain	How I will measure impact	When I will measure impact

If you need more space, please use the extra page at the end of the application.

My Gold Award project goals are:

Proposed Impact—Sustainability

My Gold Award will be sustained beyond my involvement by:



Your Name: _____

Create Your Plan

I will put my plan into action by:

Date	Activity	Teammate(s) Needed	Resources Needed	Hours of Work

If you need more space, please use the extra page at the end of the application.

Estimate your project expenses and how you plan to meet those costs (e.g., donations, cookie proceeds, money-earning project):

Item	Source of Funding	Amount

If you need more space, please use the extra page at the end of the application.



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The strengths, talents, and skills I currently have and will put into action are:

- | | | |
|---|--|--|
| <input type="checkbox"/> Project Management | <input type="checkbox"/> Collaboration | <input type="checkbox"/> Problem Solving |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Community Building | <input type="checkbox"/> Time Management |
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Decision Making | <input type="checkbox"/> Research |
| <input type="checkbox"/> Courage | <input type="checkbox"/> Empathy | <input type="checkbox"/> Organization |
| <input type="checkbox"/> Confidence | <input type="checkbox"/> Implementation | <input type="checkbox"/> Risk Taking |
| <input type="checkbox"/> Character | <input type="checkbox"/> Presentation Skills | <input type="checkbox"/> Innovation |

The skills I plan to develop as I work toward earning my Gold Award are:

Tell the World!

I will let others know about my Gold Award (the impact of my project, what the Gold Award is, and what I learned in earning it) by promoting via:

Note: This is NOT about your Gold Award's sustainability.

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Website | <input type="checkbox"/> Presentations | <input type="checkbox"/> Articles |
| <input type="checkbox"/> Blogs | <input type="checkbox"/> Posters | <input type="checkbox"/> Public Demonstrations |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Videos | <input type="checkbox"/> Workshops |

Your Signature: _____ Date: _____

Project Advisor Signature: _____ Date of Approval: _____

Date of Proposal Submission: _____



Your Name: _____

If you need extra space, please continue your answers here:



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