

GIRL SCOUT SILVER AWARD PROJECT PROPOSAL

Please fill out using a word processing program, type or print in black ink. Make copies for your Girl Scout Silver Award Project Advisor and yourself to keep. Submit original proposal to Council for approval at least four weeks prior to when you want to start your project. Forms written in pencil or illegible will be returned. If you begin and complete your project without council approval, your Silver Award Final Report will not be approved.

FOR COUNCIL USE ONLY

RECEIVED BY COUNCIL ON: _____

REVIEWED BY COMMITTEE ON: _____

Full Name (Include middle initial, and no nicknames, please): _____

Address: _____ County: _____

City: _____ State: _____ 9-Digit-Zip: _____

Home Phone: () _____ Cell Phone: () _____ E-Mail: _____

Birth date: _____ Age: _____ Grade: _____ Year you will begin 10th grade: _____

School: _____ Service Unit Name: _____ Service Unit #: _____

Parent/Guardian's Names: _____

Troop Leader's Name: _____ Troop/Group Number: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Troop Leader's Phone: () _____ E-Mail: _____

Young women who are developmentally delayed may have until the completion of their 21st membership year as a Girl Scout to finish their Gold Award.

Bronze Award Information

Did you earn the Bronze Award? Yes No

If "Yes", describe the project and include the month and year it was completed.

PLEASE NOTE: Girl Scout recognitions earned prior to June 1st of entering 6th grade, or while in the process of earning the Bronze Award, MAY NOT be used towards the requirements for the Silver Award.

STEP 1: ORGANIZE—Get Ready

____ / ____ (Month/Year) I read the Silver Award “Go For It” book

____ / ____ (Month/Year) I attended Silver Award training

STEP 2: LEAD—The Girl Scout Silver Leadership Award

You must have the signature of the person who worked with you for those specific requirements. It is expected that you will have different signatures for different activities.

Activities	Date Completed (Month/Year)	Advisor/Consultant Signature
EARN IT: List the 3 Interest Project patches below. IPA 1. IPA 2. IPA 3.		
BELIEVE IT: STUDIO 2B Focus Book: <i>Uniquely Me! /The Real Deal</i>		
LEAD IT: (15 hours) Attach a separate sheet indicating the date of each leadership activity, what you did that date, and how much time you spent on each leadership activity. Then total the leadership hours. Include signatures of the people who were in charge of the group(s) for each leadership segment which was completed.		

STEP 3: NETWORK—The Girl Scout Silver Career Award

See pages 15-17 of the Silver Award Go For It book for the questions below.

You must have the signature of the person who worked with you for those specific requirements. It is expected that you will have different signatures for different activities.

	Date Completed (Month/Year)	Advisor/Consultant Signature
What's out there? <i>(Attach your answers)</i>		
Who's out there? <i>(Attach your answers)</i>		
“Your Own Business” Interest Project Award		

STEP 4: CREATE—The Girl Scout Silver 4 Bs Challenge Award

Describe each activity, goal or action on a separate sheet. See pages 19-23 of the Go For It! book for the questions which need to be answered below.

You must have the signature of the person who worked with you for those specific requirements. It is expected that you will have different signatures for different activities.

Activities	Date Completed (Month/Year)	# of hrs.	Advisor/Consultant Signature
BECOME: What was the skill you worked on?			
BELONG: STUDIO 2B Focus Book: <i>Looking In, Reaching Out</i>			
BELIEVE (Issue): How did you use your voice?			
BUILD: Describe your solution.			

STEP 5: ACT—The Girl Scout Silver Award Project Proposal

Title of Project: _____

Proposed Start Date: _____ Proposed Completion Date: _____

List the full name and address of the sites/organizations (benefactor) which will benefit from your project. If you plan to provide the program to more than one site, attach a sheet with additional agency names and addresses.

Name _____

Address _____

City: _____ State: _____ Zip: _____

A. Describe the Issue Your Project Will Address

1. Who is your audience? How many people will be served (if applicable)?

2. What type of program/service will you provide? What do you hope to achieve? Describe in detail.

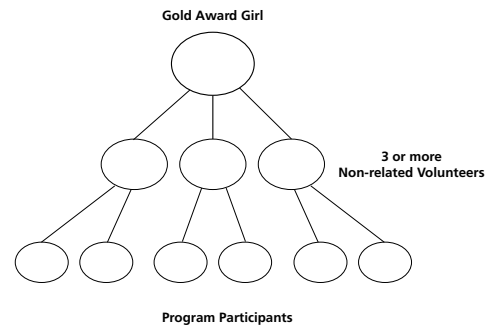
3. When will the program or service be delivered? Give estimated dates.

4. Where will the program or service be delivered? If same as above, indicate as "Same". If there is more than one site, list all.

B. Discuss the reasons for selecting this project.

C. Describe how you will accomplish the leadership component of the Silver Award project.

Tell us how you will recruit, train and supervise a team of three or more non-related volunteers to assist you as you deliver/provide the program/service to others. You must build seven hours of leadership into your project where you lead a team of volunteers who are helping you, in turn, to teach others in your community while delivering the program.



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

E. Attach a copy of your project timeline which you have developed.

Describe all the steps involved in planning and putting your plan into action, including reserving facilities and/or equipment needed. Please estimate the time you think each step will take. Include the preliminary hours you have already spent doing the 4 Bs Challenge, up to a maximum of 10 hours. You must itemize the 4 Bs Challenge hours on the timeline, listing the date, activity and time spent on each section of the 4 Bs. The timeline must include each of the major tasks associated with the project, the estimated time to complete each task, and the estimated date/month you hope to complete each task. You must include the time needed to recruit, train and supervise your team of volunteers. Then total the estimated hours to show how you plan to earn the minimum 40 project hours.

F. Indicate methods you will utilize to evaluate the effectiveness of your project.

You must create and distribute evaluation forms to your volunteer team, program participants, benefactor, and your project advisor.

G. List the names of consultants and resources you plan to use to complete your project. Include full names, titles and organizations, if applicable. Also list their relationship to you, if applicable (i.e. parent, sibling, Girl Scout leader, teacher, friend, coach, etc.)

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

All supplies needed to complete the project must be listed. Indicate if you plan to have any supplies donated. Contact the Older Girl Program Manager for the GSEP Solicitation Letter to seek supplies from businesses. **This section must be completed by every applicant, even if the benefactor covers the project expenses Or even if you don't need to purchase supplies.**

Materials Description	Estimated Cost	Donated/Paid by
Total Expenses \$		

How do you plan to meet these costs? _____

I. What is the lasting impact or benefit to the community? How will the project be sustained?

Your Signature _____ Date: _____

The Silver Award Project Advisor cannot be a relative. It can be an adult who has agreed to advise a girl with specific technical aspects of her project. This could be a member of an agency who is supporting the girl's project, a professional with specific expertise relevant to the project, such as a landscape architect, school counselor, clergy, etc.

Silver Award Project Advisor's Name (please print): _____

Project Advisor's Phone: () _____ Project Advisor's E-Mail: _____

Project Advisor's relationship to the Silver Award applicant: _____

Project Advisor's Job Title: _____

Silver Award Project Advisor's Signature _____ Date: _____

Silver Award Applicant's racial background is: *(please check as many as apply)*

African American American Indian Asian Caucasian Hawaiian or Pacific Islander

Other (please specify: _____)

Silver Award Applicant's ethnic background is: (please check one) Hispanic or Latina Non-Hispanic or Latina

Please send the Project Proposal and Project Plan timeline to:

Girl Scout Silver Award Committee
Girl Scouts of Eastern Pennsylvania
Attention: Joan Hannahoe
2633 Moravian Avenue
Allentown, PA 181032