



# Girl Scout Gold Award Project Proposal for Sahuaro Girl Scout Council

Sahuaro Girl Scout Council, Inc.  
4300 E. Broadway Blvd.  
Tucson, AZ 85711  
520-327-2288 or 1-800-331-6782  
Fax: 520-327-3986  
www.sahuarogsc.org

**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 yourself to keep. Submit original to your council four to six 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: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Your Email: \_\_\_\_\_  
 Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
 Troop/Group Leader: \_\_\_\_\_ Troop/Group Number: \_\_\_\_\_  
 Troop/Group Leader's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### STEP 1: GET READY

Girl Scout Gold Award Project Advisor: \_\_\_\_\_  
 Project Advisor's Phone: \_\_\_\_\_ Project Advisor's Email: \_\_\_\_\_

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

### STEP 2: GIRL SCOUT GOLD LEADERSHIP AWARD

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

\*Can be signature of your troop/group leader or Girl Scout Gold Award Project Advisor.

### STEP 3: GIRL SCOUT GOLD CAREER AWARD

Describe 40 hour career related activity:	Date Completed	Advisor Signature

\*Can be signature of your troop/group leader or Girl Scout Gold Award Project Advisor.

### STEP 4: GIRL SCOUT GOLD 4B'S CHALLENGE AWARD

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

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

(If working as a group, please talk about your specific part of the project.)

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

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

A. Describe the issue your project will address, what you hope to achieve, and who will benefit.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Discuss the reasons for selecting this project.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Outline which of your strengths, talents, and skills might be put into action.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Indicate what 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: \_\_\_\_\_

ACTIONS:	DATE:
Received by Council on:	
Interview on:	
Girl response:	

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

Council Representative