



Girl Scouts of Connecticut, Inc.  
 Program Department  
 20 Washington Avenue  
 North Haven, CT 06473  
 1-800-922-2770 [www.gsofct.org](http://www.gsofct.org)

## GIRL SCOUT GOLD AWARD PROJECT PROPOSAL

Please fill out using a word processing program, type, or print in black ink. Make at least one copy for your own records. Submit original paperwork (no staples) 6 – 8 weeks prior to proposed project start date to Council at: Program Dept. - Gold, GSOFC, 20 Washington Avenue, North Haven, CT 06473. If this form is emailed to [program@gsofct.org](mailto:program@gsofct.org), the original must also be mailed to Council as indicated above.

**Do not begin your project until you have received Council approval through the Gold Award Committee.**

**Date Gold Award Project Proposal Workshop Attended** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Formal Letter of Project Endorsement Attached** \_\_\_\_

**Timeline Attached** \_\_\_\_

**Budget Attached** \_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Your E-Mail: \_\_\_\_\_

Year of Planned Graduation \_\_\_\_\_ School \_\_\_\_\_

Troop/Group Advisor: \_\_\_\_\_ Troop/Group Number: \_\_\_\_\_

Troop/Group Advisor's Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Technical/Community Consultant: \_\_\_\_\_

Technical/ Community Consultant's Affiliation and Address: \_\_\_\_\_

Technical/Community Consultant's Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

### GIRL SCOUT GOLD LEADERSHIP AWARD

Activities	Date Completed	Adult Signature The person with whom you worked on this activity
1. Earn It: IPA:		
IPA:		
IPA:		
2. Believe It: GSUSA Focus Book (your choice – please identify)		
3. Lead It: (30 hours) Describe:		

Submit this page!

Name \_\_\_\_\_

<b>GIRL SCOUT GOLD CAREER AWARD</b>	Date Completed	Adult Signature The person with whom you worked on this award
<b>Describe 40 hour career related activity:</b>		

<b>GIRL SCOUT GOLD 4Bs AWARD</b>	Date Completed	Project Advisor Signature The person with whom you worked on this item
Activity ( <b>briefly summarize</b> )		
A. Become		
B. Belong		
C. Believe		
D. Build		

Number of 'documented' hours from Step 4 \_\_\_\_\_  
(maximum of 15 hours)

### **GIRL SCOUT GOLD AWARD 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. Describe your project in detail.**

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Name \_\_\_\_\_

**B. (continued)**

**C. Discuss the reasons for selecting this project.**

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

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

**F. Indicate how you will evaluate the effectiveness of your project.**

**G. List the names of volunteers and/or groups who will assist you with your project, as well as consultants and advisors along with their identified areas of expertise.**

**H. Estimate overall project expenses and how you plan to meet these costs (attach your budget).**

**I. Attach copy of timeline developed by you and your technical/community consultant for your Gold Award project implementation.**

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

**Community/Technical Consultant's signature: \_\_\_\_\_**

Submit this page!