

Please use the spaces provided to type your answers. Any incomplete or unanswered questions will automatically result in immediate disqualification of your Girl Scout Gold Award Project Proposal. Any illegible information will automatically result in the immediate disqualification of your Girl Scout Gold Award Project Proposal.

**Questions? Contact
Customer Care at
210-349-2404 ext. 391**

Before you begin your project, your proposal must be submitted via hand delivery or U.S. mail to the Gold Award Volunteer Advisory Committee by the following deadline in order for the Gold Award Committee to consider the proposal for approval:

Submittal Deadline

- January 15 (deadline for Celebrations)
- April 15
- July 15
- October 15

Committee's Review Period

- February, March, and April
- May, June, and July
- August, September, and October
- November, December, and January

Please complete the following Girl Scout Gold Award Application Checklist before submitting your proposal.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Community	Troop
<input type="text"/>		<input type="text"/>	<input type="text"/>
Street Address		City	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone	Cell Phone	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of High School		Graduation Year	Date of Birth
<input type="text"/>		<input type="text"/>	<input type="text"/>

Initial next to the completed task.	Applicant	Parent	Troop
Prerequisite: 2 completed age-appropriate Journeys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OR			
Prerequisite: 1 completed age-appropriate Journey & Silver Award	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prerequisite: attended Go Gold! Workshop within 2 years of submission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Advisor information provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Advisor official letter of approval on letterhead provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gold Award Team Members information completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All proposal questions have been answered completely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact Planning answered completely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicable Leadership Outcomes have been completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Proposal Timeline has been provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Proposal Budget Plan has been provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant's signature is provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Advisor's signature is provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant's parent/guardian signature is provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicable letter(s) and permission(s) have been provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completed Money-Earning/Solicitation Form is provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gold Award Project Proposal is hand delivered or mailed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Title:	<input type="text"/>		

Deadline of Final Report for annual Celebrations: January 15

CONTACT INFORMATION:

[]		[]		[]	
First Name		Last Name		Project Title	
[]				[]	[]
Street Address				City	Zip Code
[]	[]	[]			
Home Phone		Cell Phone		Email Address	
[]		[]		[]	[]
Name of High School		Graduation Year		Date of Birth	Age
[]		[]		[]	[]
Parent/Guardian Name		Phone		Email Address	
[]		[]		[]	
Troop Advisor Name		Phone		Email Address	
[]		[]		[]	
Project Advisor Name and Organization		Phone		Email Address	
[]		[]		[]	

PREREQUISITES

	Date Completed	Council Name	Girl Initials
Girl Scout Bronze:	[]	[]	[]
Girl Scout Silver:	[]	[]	[]

	Senior/Ambassador Journey	Date Completed	Troop Advisor Initials
1.	[]	[]	[]
2.	[]	[]	[]
3.	[]	[]	[]

	Go Gold! Workshop	Date Completed	Troop Advisor Initials
4.	[]	[]	[]

APPLICANT INFORMATION

Full Name (as it should appear on your Certificate)

Race/Nationality (all that apply)

School you attend

School District

Graduation Year

College/University you plan to attend

Majors or specializations you plan to study

Extracurricular Activities

Parent/Guardian 1 Full Name

Employment

Contact

Parent/Guardian 2 Full Name

Employment

Contact

Project Title:

A brief 3-5 sentence description of and statement about the outcome of your Gold Award project to be included in any possible printed articles:

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby consent and agree to the following:

1. I hereby grant to Girl Scouts of the USA (GSUSA), and others working for GSUSA or on its behalf, and each of its respective licensees, successors, and assigns (each a "Releasee"), the irrevocable, royalty-free, perpetual, unlimited right and permission to use, distribute, publish, exhibit, digitize, broadcast, display, modify, create derivative works of, reproduce or otherwise exploit my name, picture, likeness, and voice (including any video footage of the same) (collectively "Media), or to refrain from so doing, anywhere in the world, by any persons or entities deemed appropriate by GSUSA, for any purpose (except defamatory) including, without limitation, any use for educational, advertising, non-commercial or commercial purposes in any manner or media whatsoever (whether known or hereafter devised) including, without limitation, on the internet, in print campaigns, in-store and via television. I agree that I have no interest or ownership in any of the Media.

2. I shall have no right of approval, no claim to compensation and no claim (including, without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any use, alteration, blurring, illusionary effect or use in any composite form of my name, picture, likeness, and voice. I agree that nothing in this Release will create any obligation on GSUSA to make any use of the Media or the rights granted in this Release. I hereby release and hold harmless Releasees from any claim for injury, compensation, or negligence resulting or arising from any activities authorized by this Release and any use of the Media by GSUSA.

Applicant Signature

Date

Parent/Guardian Signature

Date

Deadline of Final Report for annual Celebrations: January 15

Project Title:

Start Date: **End Date:**

Troop Advisor: **Phone:**

Email:

Project Advisor:

Organization:

Office Phone: **Alternate Phone:**

Email:

Do not forget to attach your Project Advisor's official letter of approval on official letterhead and all other letters of permission. Proposals without these letters will be immediately disqualified from consideration.

Gold Award Team:

Team Member	Affiliation/Organization	Role	Phone or Email

PROJECT INFORMATION

1. Identify the issue(s) that you care about and explain why it is important to you.

2. Identify your target audience; who are you helping, educating, and inspiring?

3. Research your issue; what are the root causes of your issue, locally and globally?

4. Research more about your issue; identify some individuals and organizations that may help you. How have others taken action?

5. Describe how your project will help your target audience.

6. Explain how you will educate and inspire others to take action.

PROJECT TIMELINE

Create a timeline with significant dates, events, and other information to make your project proposal a reality. This timeline should reflect how you will implement your take action project; the dates are tentative based on feasibility. Please include your project start and end date and don't forget the **minimum 80 hour requirement**.

Date	Estimated Hours	Event/Activity	Goals
Total Estimated Hours			

PROJECT BUDGET PLAN

Create a budget plan by figuring out what you need and where you can get what you need at little or no cost, if possible. If it's not possible, think about how much it is going to cost and how you may cover those expenses. Use your influence and leadership skills to come up with ways that you may make a difference that might not include earning money.

You must complete and attached a [Money-Earning Solicitation Form!](#)

Project Need	Resources/Materials	Who & Where?	Cost	Covering Cost
EXAMPLE: <i>garden path for walking</i>	EXAMPLE: <i>45 patio stones</i>	EXAMPLE: <i>Lowes</i>	EXAMPLE: <i>\$1.30 per stone, total \$58.50</i>	EXAMPLE: <i>Cookie money & in-kind donations</i>
Total Budgeted Costs				

You must complete and attached a [Money-Earning Solicitation Form!](#)

IMPACT PLANNING

<i>Impact on...</i>	Goal	Potential Impact
Community	<p><i>What community issue do you plan to address?</i></p>	<p><i>What examples of the project's impact might you see in the future?</i></p>
Target Audience	<p><i>What skills, knowledge, or attitudes will your target audience gain?</i></p>	<p><i>How will you know that the target audience gained the skills, knowledge, or attitudes?</i></p>

PROJECT SUSTAINABILITY

1. Explain why your project is doable; will you be able to overcome the obstacles to implement and complete your project plan and how?

2. What are the short-term goals of your project and how will those be accomplished?

3. What are the long-term goals of your project and how will those be accomplished?

4. Describe the ways in which your project will have a sustainable and lasting impact. What resources and media will you use to educate and inspire others? How will you distribute educational materials on a continuing scale?

5. Identify the individuals and organizations that will help your project create a sustainable impact.

6. Reflect on your project plan and explain how you will measure the impact of your project.

I understand and agree to abide by the Girl Scouts of Southwest Texas and GSUSA guidelines for my Girl Scout Gold Award Project. I further understand that my Girl Scout Gold Award Project may not be used for personal financial gain or fundraising for any organization outside of the Girl Scouts of Southwest Texas. I further understand that the Gold Award Committee may take thirty to sixty days for consideration.

Applicant Signature

Date

Parent/Guardian Signature

Date

My signature on this document allows Girl Scouts of Southwest Texas the ability to use photographs, voice, and/or video of my child for Girl Scout public relations.

Parent/Guardian Signature

Date

For more information, please contact [Customer Care](#) at 210-349-2404 ext. 391.

HOURS LOG
(FOR YOUR RECORDS)

Girls are required to complete a minimum of 80 hours for their Girl Scout Gold Award Project. These hours include the time spent completing the Go Gold! workshop and other preparatory activities, transporting, communicating, planning, preparing paperwork, etc. A signature of the adult supervisor is required for all listed activities. Please submit this log with your Final Report ONLY.

Date	Description of Activity	Hours	Adult Signature
TOTAL HOURS			

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