

Girl Scouts of Southwest Texas

Girl Scout Gold Award Supplemental Cover Page

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.

Office Use ONLY

Date Received: _____

Reviewer Initials: _____

Approved: [] Yes [] No – Improvement Needed

Before you begin your project, your proposal must be submitted via one of the following:

Online:

GoGold 2.0
<http://gogold.girlscouts.org>

Email:

Attn: Teen Girl Experience
customercare@girlscouts-swtx.org

Hand delivery or U.S mail

Girl Scouts of Southwest Texas
 Attn: Teen Girl Experience
 811 N. Coker Loop
 San Antonio, TX 78216

Submission Deadlines:

Proposals: May be submitted at any time. It is HIGHLY suggested to submit 30-60 days prior to project start date.

Final reports: Due by September 30 of Senior year in high school or 18th birthday, whichever is later.

Celebrations Deadline: Final Reports due No Later Than January 15

Project Title		Community	Troop
First Name	Last Name	# of years scouting	Birthdate

Prerequisites

Date Completed	Council Name	Girl Initials
Girl Scout Bronze: _____		
Girl Scout Silver: _____		
Go Gold! Workshop: _____	Date Completed	Troop Advisor Initials

Girl Scout Bio Info

Race/Nationality (all that apply- *optional)

College/University you plan to attend

Majors or specializations you plan to study

Extracurricular Activities



Girl Scout of Southwest Texas

MEDIA RELEASE

DATE(S): _____

LOCATION: _____

ACTIVITY: _____

RELEASE FOR MINORS

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 Girl Scouts of Southwest Texas (“GSSWT”) as well as others working for GSUSA/GSSWT or on its behalf, and each of its respective licensees, successors and assigns (each a ‘Realesee”) 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/GSSWT, for any purpose (except defamatory) including, without limitation, any use for educational, advertising, noncommercial 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/GSSWT 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/GSSWT.

NAME OF MINOR (please print) _____

ADDRESS _____

CITY STATE ZIP _____

DAYTIME PHONE () _____

ALT. PHONE () _____

Release for Minors (those under the age of eighteen): I the undersigned, being a parent or guardian of the minor, hereby consent to the foregoing conditions and warrant that I have the authority to give such consent.

NAME OF PARENT/LEGAL GUARDIAN (please print) _____

SIGNATURE OF PARENT/LEGAL GUARDIAN (REQUIRED) _____

DATE: _____ PARENT/GUARDIAN EMAIL* _____

**will not be used for any purposes or distributed to third parties*



Girl Scout Gold Award | Project Proposal
Your Name: _____

NOTE: BEFORE COMPLETING THIS FORM, CHECK WITH YOUR COUNCIL TO DETERMINE IF THEY REQUIRE GOLD AWARD TRAINING AND/OR ONLY ACCEPT APPLICATIONS ONLINE. IF YOUR APPLICATION MUST BE SUBMITTED ONLINE, PLEASE GO TO: [HTTPS://GOGOLD.GIRLSCOUTS.ORG](https://gogold.girlscouts.org).

Prior to starting your project, submit this proposal to:

Council Name: _____ Girl Scouts of Southwest Texas

Street Address: _____ 811 N. Coker Loop

City: _____ San Antonio State: _____ TX Zip Code: _____ 78244

Email: customercare@girlscouts-swtx.org Phone: _____ (210) 349-2404 ext. 403

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: _____

Girl Scout Gold Award | Project Proposal
Your Name: _____

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

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:

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 GlobalLink

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

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:

Projected Budget

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.

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: _____

Submitting a paper proposal via email, mail or hand delivery?
DON'T FORGET you **MUST** also submit a letter from your project advisor



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

