



## GIRL SCOUT SILVER AWARD PROJECT PROPOSAL

Please type or print in blue or black ink. Use additional paper if necessary. Make copies for your Troop Leader/advisor, Project Advisor and yourself to keep. Attaching your project time log and budget will help us better understand your project. Mail original to Girl Scout Silver Award, Girl Scouts of the Northwestern Great Lakes, Inc. (or GSNWGL), 3511 Camp Phillips Road, Schofield, WI, 54476, or drop it off/mail it to the nearest Girl Scout Service Center. This form is simply to let us know what you are working on and when, and to give us an opportunity to provide feedback and help. You can change and adjust your project as needed; please let us know if you do. Check with the Council for any deadlines.

### **Part 1: Personal Data**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Service Area \_\_\_\_\_

Troop Leader/Advisor \_\_\_\_\_ Troop/Group Number \_\_\_\_\_

Troop Leader/Advisor's Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Project Advisor (this is NOT your troop/group Advisor) \_\_\_\_\_

### **Part 2: Prerequisite**

Title of Journey completed \_\_\_\_\_

Date completed \_\_\_\_\_

Proposed Start Date \_\_/\_\_/\_\_ Proposed Completion Date \_\_/\_\_/\_\_

**(Please use additional paper when answering this question.)**

Describe in detail your Take Action Project and why you selected the project.  
What is your project? Why does it matter? Who will it help?

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Troop/Group Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Received by Council	Date
Contacted by Council	Date

**Please use this space to continue your answer to the previous question.**







## GIRL SCOUT SILVER AWARD FINAL REPORT

Please type or print in blue or black ink. Make copies for your Troop Leader/advisor, Project Advisory and yourself to keep. Mail original to Girl Scout Silver Award, Girl Scouts of the Northwestern Great Lakes, Inc. (or GSNWGL), 3511 Camp Phillips Road, Schofield, WI, 54476, or drop it off/mail it to the nearest Girl Scout Service Center upon project completion. Save photos of your project to a CD and submit along with your Final Report.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Service Area \_\_\_\_\_

Troop Leader/Advisor \_\_\_\_\_ Troop/Group Number \_\_\_\_\_

Troop Leader/Advisor's Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**STEP 1: Get Ready**

Girl Scout Silver Award Project Advisor \_\_\_\_\_

Project Advisor's Phone (\_\_\_\_) \_\_\_\_\_ Project Advisor's Email \_\_\_\_\_

**Complete One Girl Scout Cadette Journey:**

Title of Journey completed: \_\_\_\_\_ Date: \_\_\_\_\_

**Your Team:** List the names of individuals and organizations that worked with you on your Take Action Project.

Team Members	Affiliation	Role



F. How did you connect with your local and global communities? What steps did you take to inspire others through sharing your project? (website, blog, presentations, posters, videos, articles, and so on).

G. What impact did your Take Action project have on your community?

H. What would you change or do differently if you could start over?

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Project Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>ACTIONS</b>	<b>DATE</b>
Approved by Girl Scout Project Advisor	
Awarded Girl Scout Silver Award	

**Please use this space to continue your answer(s) to the previous question(s).**

**Please place a letter next to the questions you are answering.**



