

Girl Scout Gold Award Application

Please type or print in black ink. Make a copy for your adviser and for yourself.

Part I: Personal Data

Name: _____

Phone: _____

Street Address: _____

City, State and Zip Code: _____

Age: _____ Grade: _____ Name of School: _____

Troop/Group #: _____ Service Unit: _____

E-Mail Address: _____

Name of Troop Advisor: _____

Phone # of Troop Advisor _____

Address of Troop Advisor: _____

City, State and Zip Code of Troop Advisor: _____

Name of Project Advisor: _____

Phone #:of Project Advisor _____

Street Address of Project Advisor _____

City, State of Project Advisor: _____

Title of Project: _____

Date Proposal Submitted (Please note, applications are to be submitted a minimum of six weeks before the project start date): _____

Anticipated Start Date: _____

Anticipated Completion Date: _____

Part II: Prerequisites

1. Girl Scout Gold Leadership Award

Part A: Interest Project Awards

Name	Date Completed	Troop Advisor's Signature
1. _____		
2. _____		
3. _____		

Part B: Studio 2B Focus Book

Title of Focus Book: _____
Date Goals Reached _____ Troop Advisor's Signature _____

Part C: 30 Leadership Hours

Activity	Hours	Date	Troop Advisor's Signature

			Total Hours _____

2. Girl Scout Gold Career Award: Complete One Option

Option A: 40 Career Exploration Hours

Activity	Hours	Date	Troop Advisor's Signature

			Total Hours _____

Option B: Get a paying job (non-babysitting) OR start your own business.

Title and Location of Job _____

Dates of Employment _____

Troop Advisor's Signature _____

Title of Business _____

Date Started _____

Troop Advisor's Signature _____

3. Girl Scout Gold 4Bs Challenge

Part A: Become - Yourself

Goal 1. _____

Date Goal Set _____ Troop Advisor's Signature _____

Date Goal Reached _____ Troop Advisor's Signature _____

Goal 2 _____

Date Goal Set _____ Troop Advisor's Signature _____

Date Goal Reached _____ Troop Advisor's Signature _____

Part B: Belong- Your Community

Date Completed _____ Troop Advisor's Signature _____

Part C: Believe- A Vision for Change

My vision statement: _____

Date Completed _____ Troop Advisor's Signature _____

Part D: Build- Your Network

Date Completed _____ Troop Advisor's Signature _____

Part III: Girl Scout Gold Award Project Plan

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

B: Discuss your reasons for selecting this project. _____

C: Outline your strengths, talents, and skills that will be put into action.

D: Describe the steps involved for putting your plan into action, including facilities and/or equipment needed. _____

E: Indicate methods and/or tools you will utilize to evaluate the effectiveness of your project.

F: List the consultants and resources you plan to use. _____

G: Estimate overall project expenses and how you plan to met these costs. _____

Your Signature: _____ Date: _____

Project Advisor's Signature: _____ Date: _____