

Your Name: \_\_\_\_\_

**Prior to starting your project, submit this proposal to:**

Council Name: \_\_\_\_\_

Council Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**SUBMIT THIS PROPOSAL BY THE DATE(S) ESTABLISHED BY THE LOCAL COUNCIL.**

**Build your Girl Scout Silver Award team or decide to go solo.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Girl Scout Silver Award will be earned as:  Individual  Group (max. 4)

Group Member Names: \_\_\_\_\_

Troop/Group Number: \_\_\_\_\_ Troop/Group Volunteer: \_\_\_\_\_

Troop/Group Volunteer Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Project Advisor Organization: \_\_\_\_\_

Project Advisor Phone: \_\_\_\_\_ Email: \_\_\_\_\_



Your Name: \_\_\_\_\_

**Prerequisites:** One Cadette journey **and** the Girl Scout Bronze Award.

List the journey you have completed along with your troop/group volunteer’s signature.

Cadette Journey Book	Date Completed	Troop/Group Volunteer’s Signature
1.		

Girl Scout Bronze Award Completion Date	
Council Where You Earned the Award	

Identify the issues you care about.

Why will your project matter?
What is the issue you will be addressing?
What is the root cause of that issue?
What contributing factor will you address?



Your Name: \_\_\_\_\_

List the names of individuals and organizations that you plan to work with on your Take Action Project. This is a preliminary list that may grow through the course of your project.

More Team Members	Affiliation	Role

How will you be making a national/global connection?

*You may want to consider these two options for meeting this aspect for your project.*

1. **Research** – speaking with other organizations or individuals outside of your community, find a similar project that has been completed. What can you learn from them? What ideas can you adopt to apply to your project to make it better? What can you improve?
2. **Share** – your community issue might be within a school, church, neighborhood or other group. Sharing the project can help a similar community address the same issue. You want to spread your excitement, raise awareness or educate others about your issue.

Could someone use your project to help solve another group’s community issue?

My National/Global Choice is:

- Choice 1 – Research
- Choice 2 – Share



Your Name: \_\_\_\_\_

### **Take Action Project**

Project Title: \_\_\_\_\_

Proposed Start Date: \_\_\_\_\_ Proposed Completion Date: \_\_\_\_\_

Describe the issue your project will address and who is your target audience.

Discuss your reasons for selecting this project.

Outline the strengths, talents, and skills you learned when you earned your Girl Scout Cadette journey. What skills do you think will help this project run smoothly?

How will you live the Girl Scout Promise and Law while earning your Girl Scout Silver Award?

How can your project be sustained beyond your involvement?



Your Name: \_\_\_\_\_

The following is a list of the 15 Girl Scout Leadership Outcomes.\*  
Which do you think will help you develop through this project?

**Discover:**

- I will develop a stronger sense of self.
- I will develop positive values.
- I will gain practical life skills.
- I will seek challenges in the world.
- I will develop critical thinking.

**Connect:**

- I will develop healthy relationships.
- I will promote cooperation and team building.
- I will resolve conflicts.
- I will advance diversity in a multicultural world.
- I will feel more connected to my community, locally and globally.

**Take Action:**

- I will identify community issues.
- I will be a resourceful problem solver.
- I will advocate for myself and others, locally and globally.
- I will educate and inspire others to act.
- I will feel empowered to make a difference in the world.

\*Want more information on the Girl Scout Leadership Outcomes?  
Visit [www.girlscouts.org/research/publications/outcomes/transforming\\_leadership.asp](http://www.girlscouts.org/research/publications/outcomes/transforming_leadership.asp).





Girl Scout Silver Award | **Project Proposal**

Your Name: \_\_\_\_\_

**By signing below, we (girl, project advisor, parent/guardian, and troop leader/volunteer) agree and understand that the Silver Award Take Action Project:**

- It cannot solely benefit the Girl Scout community
- It cannot just a collection or donation drive
- It cannot be a fundraiser for another organization
- It is not simply volunteering time for another organization in an already existing project

*I, **Girl Scout Cadette**, have read and understand all the requirements and guidelines for the Girl Scout Silver Award. I have consulted Volunteer Essentials and Safety Activity Checkpoints. I am aware of all deadlines for the Girl Scout Silver Award and the consequences of not meeting those deadlines. Should any major plans change, I will contact the volunteer resource manager.*

Girl Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Girl Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Girl Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Girl Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I, **Parent/Guardian**, recognize that it is the girl’s responsibility to fulfill the requirements for the Girl Scout Silver Award including all deadlines. I understand she must uphold all guidelines specific to her project as outlined by the Girl Scouts of Middle Tennessee and GSUSA Silver Award requirements and in Volunteer Essentials and Safety Activity Checkpoints.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I, **Silver Award Project Advisor**, have been advised of the above mentioned Girl Scout Silver Award Project, and have agreed to have the project take place in the manner it has been described. I am willing to be the girl(s)’s advisor and support her/them throughout this project.*

Project Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I, **Girl Scout Troop Leader/Volunteer**, have reviewed the above Girl Scout Silver Award Project Proposal including answers to the Take Action Project questions. I am aware of the requirements and guidelines of the Girl Scout Silver Award set forth by both GSUSA and Girl Scouts of Middle Tennessee, and believe that this project aligns with those requirements.*

Troop Leader/Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Council Representative Approved \_\_\_\_\_ Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

**Submit completed form to:**

Girl Scouts of Middle Tennessee  
Attn: Silver Award  
4522 Granny White Pike  
Nashville, TN 37204

OR

[HighestAwards@gsmidtn.org](mailto:HighestAwards@gsmidtn.org)

**For questions, contact:**

Elizabeth Homco  
(615) 460-0227  
[EHomco@gsmidtn.org](mailto:EHomco@gsmidtn.org)

