

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.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Age: _____ Grade: _____ School: _____

Troop/Group Number: _____ Troop/Group Volunteer: _____

Troop/Group Volunteer Phone: _____ Email: _____

Girl Scout Gold Award Project Advisor: _____

Project Advisor Organization: _____

Project Advisor Phone: _____ Email: _____



Your Name: _____

Prerequisites: Two Senior or Ambassador journeys **or** one journey and the Girl Scout Silver Award. List two journeys that you have completed along with your troop/group volunteer’s signature.

| Senior/Ambassador Journey Books | Date Completed | Troop/Group Volunteer’s Signature |
|---------------------------------|----------------|-----------------------------------|
| 1. | | |
| 2. | | |

| | |
|---|--|
| Girl Scout Silver Award Completion Date | |
| Council Where You Earned the Award | |

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.

| Team Members | Affiliation | Role |
|--------------|-------------|------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |



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. Remember your 15-second pitch.

Discuss your reasons for selecting this project.

Outline the strengths, talents, and skills you plan to put into action. What skills do you hope to develop?

Describe the steps involved to put your plan into action, including resources, facilities, equipment, and approvals needed. (Attached a detailed project plan.)

Enter the names of people of organizations you plan to inform and involve.

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Your Name: _____

Estimate overall project expenses and how you plan to meet these costs.

What methods or tools will you use to evaluate the impact of your project?

How will your project be sustained beyond your involvement?

Describe how you plan to tell others about your project, the project's impact, and what you have learned (website, blog, presentations, posters, videos, articles, and so on).



Your Name: _____

Impact Planning Chart

Using the Impact Planning Chart below, describe the impact you hope your project will have on your community, your target audience, and you.

| Impact On... | Goals | Potential Impact |
|---|--|--|
| <p><i>Community?</i></p> | <p><i>What community issues do you plan to address?</i></p> | <p><i>What examples of the project impact might you see in the future?</i></p> |
| <p><i>Target Audience? (workshop participants, other youth, community members, and so on)</i></p> | <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 skills or knowledge?</i></p> |



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.

Your Name: _____

By signing below, we (girl, project advisor, parent/guardian, and troop leader/volunteer) agree and understand that the Gold 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 Senior/Ambassador**, have read and understand all the requirements and guidelines for the Girl Scout Gold Award. I have consulted Volunteer Essentials and Safety Activity Checkpoints. I am aware of all deadlines for the Girl Scout Gold Award and the consequences of not meeting those deadlines. Should any major plans change, I will contact the volunteer resource manager.*

Girl Signature: _____ Date: _____

*I, **Parent/Guardian**, recognize that it is the girl's responsibility to fulfill the requirements for the Girl Scout Gold 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 Gold Award requirements and in Volunteer Essentials and Safety Activity Checkpoints.*

Parent/Guardian Signature: _____ Date: _____

*I, **Gold Award Project Advisor**, have been advised of the above mentioned Girl Scout Gold 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 Gold Award Project Proposal including answers to the Take Action Project questions. I am aware of the requirements and guidelines of the Girl Scout Gold 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: _____

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Your Name: _____

Submit completed form to:

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

OR

HighestAwards@gsmidtn.org

For questions, contact:

Lily Jaremski
(615) 460-0223
Ljaremski@gsmidtn.org

