



# Girl Scout Silver Award Project Proposal

## Girl Scouts Heart of the Hudson



### **Please note!**

**Please review this form to ensure you have all the requested information. The form must be typed and can be saved to your computer by clicking on File, Save As. You may work on this document at your leisure. Submission instructions are at the end of the form.**

## **The Basics**

Name:

Mailing Address:

City

State

Zip

County

Phone Number

\*\*e-mail

\*\*E-mail is our primary means of communication. Please provide an e-mail address you check regularly.

Current Grade

High School Graduation Year

Parent / Caretaker Name

Parent / Caretaker E-mail

Girl Scout Service Unit

Troop/Group #

Troop/Group Volunteer

Troop/Group Volunteer's Phone #

Troop/ Group Volunteer E-mail

---

## Pre-Requisites and Preparation

I have attended a council sponsored Strive for Silver Workshop

Yes

No

Date

Location

Prerequisites: One Cadette journey. List the journey that you have completed along with your troop/group volunteers signature.

Cadette Journey Book:

Type a description of the Journey Take Action Project(s) that you completed at the end of each journey. Please Address the following questions in your narrative and submit them, along with this proposal, to your mentor

What was your project?

How did you choose it?

What did you learn from the project?

What did you learn about yourself?

About others?

How did your journey project help you to make your Girl Scout Silver Award project better?

---

## The Silver Award Project - Your Team

Girl Scout Silver Award Mentor

Girl Scout Silver Award Project Advisor\*

Project Advisor's Organization

Project Advisors Phone #

Project Advisor's E-Mail

Are you Earning Silver for this project alone, or as part of a team?

Working Individually

Working in a pair or small group

If working in a pair or small group, please list the other girls who are earning Silver for this project with you in the box below:

Other Members of your Team:

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

---

Name

Affiliation

Role

---

Name

Affiliation

Role

---

Name

Affiliation

Role

---

Name

Affiliation

Role

---

Name

Affiliation

Role

---

# My Silver Award Project: The Plan

Project Title:

Proposed Start Date:

Proposed Completion Date:

In a separate document, please type a narrative about your project answering the following questions. Remember to check your responses for grammar, punctuation and spelling errors.

- A. Describe the issue your project will address. Remember your 15-second pitch.
- B. Who is your target audience? What skills, knowledge or attitudes will they gain?
- C. Discuss your reasons for selecting this project.
- D. Outline the strengths, talents and skills that you plan to put into action. What skills do you hope to develop?
- E. Describe the steps involved in putting your plan into action, including resources, facilities, equipment, and approvals needed. If you are working with a partner or in a small group, be sure to list your individual roles. (Include a detailed step-by-step project plan)
- F. Enter the names of people or organizations you plan to inform and involve.
- G. Estimate overall project expenses and how you plan to meet these costs.
- H. What methods or tools will you use to evaluate the impact of your project.
- I. How will your project be sustained beyond your involvement?
- J. How do you plan on meeting the leadership requirement? (Remember: for it to count as leadership hours, you must be interacting with other people.)
- K. Please define the global aspect\* of your project. (Definition of global at bottom of form.)
- L. Describe how you plan to tell others about your project, the project's impact, and what you have learned (web site, blog, presentations, posters, videos, and so on).

Please include a **budget sheet** with your narrative, and submit it along with this proposal.

---

### Impact Planning

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

What impact will I have on my Community

What examples of the project impact might you see in the future?

---

\*Global:

- Choice 1: Research stage – 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?
- Choice 2: Share – Take the project outside of the community their project originated in (the community that benefited from the project). Community, in this instance, is not confined to geographic constraints, but rather the community of people involved (think church communities, service communities, athletic communities, etc.). The goal is for the idea / purpose of the project to be spread to different individuals than those you initially reached with your project. For example, if the project is done within an elementary school, the global aspect would be bringing awareness and passing the idea on to either a middle school or another elementary school.

My Global Choice is:

Choice 1 - Research

Choice 2 - Share

---

**Signatures:**

**(Please just type in the names here for now. You can get the signatures in person later.)**

Girl Scout Signature:

I have completed the above items as indicated for my Girl Scout Silver Award. I will present my Take Action project plan to a Girl Scout Silver Award mentor for approval before beginning the project. I have read and understand all the requirements and guidelines for the Girl Scout Silver Award. I have consulted *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 appropriate council staff.

Your Signature

Date

Advisor Signature:

I 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 candidate's advisor and support them throughout this project.

Project Advisor's Signature

Date

Project Advisor's Organization

Troop Volunteer Signature:

I 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 Heart of the Hudson, and believe that this project aligns with those requirements.

Troop / Volunteer Signature

Date

Parent/Guardian Signature:

I recognize that it is the applicant'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 GSHH Silver Award requirements and in *Safety Activity Checkpoints*.

Parent/Guardian Signature

Date

---

Silver Award Mentor Signature

I have reviewed the above Girl Scout Silver Award Project Proposal with the Girl Scout. Her plan includes all the required elements of a successful Silver Award Project. I will continue to support this Girl Scout throughout her Silver Award.

Silver Award Mentor Name

Silver Award Mentor Signature

Date:

\*Please send form, Silver Award narrative, Journey Take Action Project and any additional documentation via email to [silveraward@girlscoutshh.org](mailto:silveraward@girlscoutshh.org). If you prefer you may print out and fax to 845-542-1878. To mail these forms, print out and send to Girl Scouts Heart of the Hudson Poughkeepsie Regional Office, 3 Neptune Road, Poughkeepsie, NY 12601, Att Silver Award