

Girl Scouts – Diamonds of Arkansas, Oklahoma and Texas

Girl Scout Gold Award Project

APPLICATION

(Use this form for “Go For It Gold” requirement packet only)



Type or print clearly using black or blue ink. Make copies for your GS Gold Award advisor, your troop/group advisor and for yourself. Submit original application to Debbie Franks, Program Director, at least six weeks prior to project start date. Do not begin work on your project until you have received council approval in writing.

****If your project will be done as a troop/group project, each girl must file an individual application.**

Name: _____ Phone: _____

Address: _____ City & Zip: _____

E-mail: _____ Age: _____

Name of School: _____ Grade: _____

Troop/Group Number: _____ Number of Years in Girl Scouts: _____

Troop/Group Advisor: _____ Phone: _____

Service Unit: _____

Project Advisor: _____ Phone: _____

Title of GS Gold Award Project: _____

Date Application Submitted to Council: _____

Anticipated Start Date: _____ Anticipated Completion Date: _____

Requirement #1 ~ Organize

Attended GS Gold Award Workshop: _____(date)

&/or Read GS Gold Award Go For It! Insert _____ (date)

Attach copies of the timeline and agreement developed by you and your advisor to this application.

Requirement #2 ~ Lead

Interest Project Awards Earned	Date Completed	Advisor's Signature

Focus Book/Charm Earned	Date Completed	Advisor's Signature

Leadership Role (s) _____	Hours: _____
_____	Hours: _____
_____	Hours: _____
_____	Hours: _____
_____	Hours: _____

Date Completed: _____ Advisor's Signature: _____

Requirement #3 ~ Network

I Did: _____ Date: _____ Hours: _____
_____ Date: _____ Hours: _____
_____ Date: _____ Hours: _____
_____ Date: _____ Hours: _____
_____ Date: _____ Hours: _____
_____ Date: _____ Hours: _____

Total Hours: _____

Date Completed: _____ Advisor's Signature: _____

Requirement #4 ~ Explore

BECOME – Yourself

Date completed: _____ Advisor's Signature _____

BELONG – Community

Date completed: _____ Advisor's Signature _____

BELIEVE – Vision

Date completed _____ Advisor's Signature _____

BUILD – Network

Date completed _____ Advisor's Signature _____

Attach a copy of the vision statement developed by you and your advisor to this application

Requirement #5 ~ Create

- Briefly describe your plan and your reasons for selecting this project. Include information on the issue your project will address, what you hope to achieve and who will benefit.

- List the skills, talents and abilities that you will put into action.

- List resource people who will work with you on your project and any other resources you think will be helpful.

- What effect do you think your project will have on your community?

- What do you hope to learn from this project?

- Estimate the over all project expenses and how you plan to meet these costs. Attach a copy of your budget sheet.

Advisor's Signature

Your Signature

RETURN APPLICATION TO:

**Debbie Franks, Program Director
GS-DAOT, Jonesboro Regional Service Center
4803 E. Johnson Ave
Jonesboro, AR 72401
Fax: 870-932-2834
Email: dfranks@girlscoutsdiamonds.org**

Date submitted to council _____

Date received by council _____

Follow up _____

Response _____

Approved by _____

Date _____