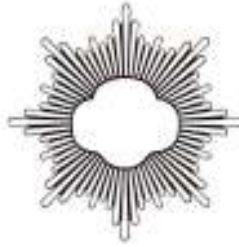


*Girl Scouts – Diamonds of Arkansas, Oklahoma and Texas*

**Girl Scout Silver Award Take Action Project**

**APPLICATION**

(Use this form for Silver Award Guidelines, 2009)



Type or print clearly using black or blue ink. Make copies for your GS Silver 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.

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: \_\_\_\_\_

Take Action Project Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Title of GS Silver Award Take Action Project: \_\_\_\_\_

Type of Project (circle one):      Solo                      Team

Anticipated Start Date: \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_

Date Application Submitted to Council: \_\_\_\_\_

**Step #1 ~ Go on a Cadette Journey**

Cadette Journey: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Advisor's Signature \_\_\_\_\_

**Step #2 ~ Identify Issues You Care About**

Issues that concern me: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Step #3 ~ Build Your Team**

\_\_\_\_ I have chosen to create and implement my own Silver Award Take Action Project.

\_\_\_\_ I will work with a small team (no more than three to four girls) to create and implement my Silver Award Take Action Project. (If working as a team with other Girl Scouts who will use the project as their Silver Award, each girl must play an active role in choosing, planning and developing the team's project.) My team members are (list all, whether GS or non-GS):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Step #4 ~ Explore Your Community**

Community issues identified: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Community contacts who might be able to help: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Step #5 ~ Choose Your Take Action Project**

Briefly describe the community issue you have decided to address and the reasons you have chosen this particular issue. \_\_\_\_\_

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**Step #6 ~ Develop Your Project**

Briefly describe your Take Action Project: \_\_\_\_\_

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Whom will this Take Action Project benefit? \_\_\_\_\_

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What lasting impact do you think this project will have on the community? \_\_\_\_\_

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List the skills, talents and abilities that you will put into action: \_\_\_\_\_

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What supplies will you need? \_\_\_\_\_

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Estimate the overall expenses for your project and how you plan to meet these costs. Attach a copy of your budget sheet to this application. (Refer to the Diamonds Council Fund Development Policies for specific guidelines of what is/is not allowed and processes for approval of requests.)

What do you hope to learn from this project? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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](mailto:dfranks@girlscoutsdiamonds.org)**

Date submitted to council \_\_\_\_\_

Date received by council \_\_\_\_\_

Follow up \_\_\_\_\_

Response \_\_\_\_\_

Approved by \_\_\_\_\_

Date \_\_\_\_\_