

Girl Scouts – Diamonds of Arkansas, Oklahoma and Texas

Girl Scout Silver Award Project

APPLICATION

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



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.

****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 Silver Award Project: _____

Date Application Submitted to Council: _____

Anticipated Start Date: _____ Anticipated Completion Date: _____

Requirement #1 ~ Organize

Attended GS Silver Award Workshop: _____ (date)

&/or Read GS Silver 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

Interest Project Awards Earned	Date Completed	Advisor's Signature
<i>uniquely Me! The Real Deal</i> Charm Earned		

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

In completing Requirement #2, what did you learn about goal setting and how do you think this will help you in the future? _____

Date Req #2 Completed: _____ Advisor's Signature: _____

Requirement #3 ~ Network

Briefly describe what you did to earn your Girl Scout Silver Career Award. _____

How do you think this will help you in the future? _____

	Date Completed	Advisor's Signature
<i>Your Own Business</i> IPA Earned		

Date Req #3 Completed: _____ Advisor's Signature: _____

Requirement #4 ~ Create

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 ~ Act

- Briefly describe your project and your reasons for selecting this issue. 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 _____