



Girl Scouts Heart of the Hudson

Girl Scout Gold Award Application

Please fill out using a word processing program, type or print in black ink. Make copies for your Girl Scout Gold Award Project advisor, your troop/group advisor and for you to keep. Submit original into your council 6-8 weeks prior to starting your project. Do not begin project until you have received council approval. You will receive notification of an appointment time where you can discuss your project concept with the Girl Scout Gold Award Committee.

Name _____ Phone _____
 Address _____ Town _____ Zip _____
 Community # _____ Troop # _____ Email _____
 School _____ Age _____ Grade _____
 Name of Troop Advisor _____ Troop Advisor's Phone # _____
 Address _____ Town _____ Zip _____
 Today's Date _____ Anticipated Start Date _____

STEP 1: GET READY

Girl Scout Gold Award Project Advisor:

Project Advisor's Phone: ()

Project Advisor's E-Mail:

Attach copy of timeline developed by you and your advisor.

STEP 2: GIRL SCOUT GOLD LEADERSHIP AWARD

Activities	Date Completed	Advisor* Signature
1. Earn It: IP:		
IP:		
IP:		
2. Believe It: Studio 2B Focus Book chosen:		
3. Lead It: (30 hours) Describe:		

STEP 3: GIRL SCOUT GOLD CAREER AWARD	Date Completed	Advisor* Signature
Describe 40 hour career related activity:		

*Can be signature of your troop/group advisor or Girl Scout Gold Award project advisor.



Girl Scouts Heart of the Hudson, Inc.

STEP 4: GIRL SCOUT GOLD 4 B'S AWARD

Activity	Date Completed	Project Advisor Signature
Become:		
Belong:		
Believe:		
Build:		

STEP 5: GIRL SCOUT GOLD AWARD PROJECT

Title of Project:

Proposed start date:

Proposed completion date:

A. Describe the issue your project will address, what you hope to achieve, and who will benefit.

B. Discuss the reasons for selecting this project.

C. Outline your strengths, talents, and skills that will be put into action.

D. Describe the steps involved you for putting your plan into action, including facilities and/or equipment needed. (You can attach project plan.)

E. Indicate methods and/or tools you will utilize to evaluate the effectiveness of your project?

F. List the names of advisors and resources you plan to use.

G. Estimate overall project expenses and how you plan to meet these costs (attach copy of budget sheet from your record book).

Your signature: _____ Date: _____

Project Advisor's signature: _____

ACTIONS:	DATE:
Received by Council on:	
Coaching given:	
Girl response:	

Council Representative Approval: _____ Date: _____