2010 Edition

Girl Scouts
Heart of Michigan

[GIRL SCOUT GOLD AWARD PRE-PROJECT WORKBOOK]

The Girl Scout Gold Award is the highest and most prestigious award that Girl Scout Seniors and Ambassadors can earn. Since 1916, Girl Scout's highest award has stood for excellence and leadership for girls everywhere. Soon, you will be joining the ranks of generations of young women who have made a difference in their communities and beyond.

As a Girl Scout, you are part of the sisterhood of the World Association of Girl Guides and Girl Scouts, a global movement comprised of more than ten million girls worldwide who are using their talents to positively impact their communities. With your talent and passion, you too, can make changes in your community that can reach people around the world.

5/31/11

Girl Scouts Heart of Michigan
Gold Award Project Proposal

- Please type or print in blue or black ink.
- Do not begin your project until you have received GSHOM approval.
- Use additional paper if needed to showcase your project.
- Make one copy when completed and keep for your own records.
- **Mail or drop-off a completed and signed copy of this Pre-Project Workbook and Project Proposal to your local regional center.**

Name: _____

Address: _____

City: _____State:_____ Zip: _____County:_____

Email: _____ Home Phone: (_____)_____

Cell: (_____)_____Age: _____Grade: _____ Anticipated Year of Graduation: _____

School: _____City of School: _____

Parent/Guardian(s):_____

Parent Email:_____

Troop/Group #: _____ or ☐ Juliette Years as a Girl Scout (counting this membership year): _____

Troop/Group Leader:_____Phone:(_____)_____

Email:_____ _____

Girl Scout Gold Award Project Mentor: _____ Phone:(_____)_____

Email:_____

Project Mentor's Organization: _____

GSHOM Gold Award Training Date attended: ____/____/_____ Training Location: _____

GSHOM
ATTN: Program Specialist
Ann Arbor Regional Center
1900 Manchester Road
Ann Arbor, MI 48104
(734) 971-8800
(800) 497-2688

GSHOM
ATTN: Program Specialist
Jackson Regional Center
4403 Francis Street
Jackson, MI 49203
(517) 784-8543
(800) 497-2688

GSHOM
ATTN: Program Specialist
Kalamazoo Regional Center
601 West Maple Street
Kalamazoo, MI 49008
(269) 343-1516
(800) 497-2688

GSHOM
ATTN: Program Specialist
Lansing Regional Center
1223 Turner Street Suite 200
Lansing, MI 48906
(517) 699-9400
(800) 497-2688

GSHOM
ATTN: Program Specialist
Saginaw Regional Center
5470 Davis Road
Saginaw, MI 48604
(989) 799-9565
(800) 497-2688

Prerequisites:

TWO Senior or Ambassador Journeys OR ONE Journey and the Girl Scout Silver Award. List the requirements that you have completed along with your troop/group leader's signature.

Senior/Ambassador Journey Books	Date Completed	Troop/Group leader's Signature
1.		
2.		

OR

Girl Scout Silver Award Completion Date and Topic	
Council where you earned the Silver Award	

Your Project Team List the names of individuals and organizations that you plan to work with on your Girl Scout Gold Award project. This is a preliminary list that may grow through the course of your project.

Team Members	Affiliation	Role

15 Girl Scout Leadership Outcomes

The following is a list of the 15 Girl Scout Leadership Outcomes. When thinking about your project which ones do you think you will develop through this project?

Discover:

- ☐ I will develop a stronger sense of self.
- ☐ I will develop positive values.
- ☐ I will gain practical life skills.
- ☐ I will seek challenges in the world.
- ☐ I will develop critical thinking.

Connect:

- ☐ I will develop healthy relationships.
- ☐ I will promote cooperation and team building.
- ☐ I will resolve conflicts.
- ☐ I will advance diversity in a multicultural world.
- ☐ I will feel more connected to my community, locally and globally.

Take Action:

- ☐ I will identify community issues.
- ☐ I will be a resourceful problem solver.
- ☐ I will advocate for myself and others, locally and globally.
- ☐ I will educate and inspire others to act.
- ☐ I will feel empowered to make a difference in the world.

*Want more information on the Girl Scout Leadership Outcomes? Visit www.girlscouts.org/research/publications/outcomes/transforming_leadership.asp.
Feel free to contact your local regional center to check out a Transforming Leadership Book.

Proposed Project Title: _____

Proposed Start Date: _____ Proposed Completion Date:_____

A. Describe the issue your project will address and who is your target audience.

B. Discuss your reasons for selecting this project.

C. Outline the strengths, talents and skills that you plan to put into action. What skills do you hope to develop?

D. Describe the steps involved in putting your plan into action, including resources, facilities, equipment and approvals needed. (See proposed timeline on page 24 for more space.)

E. List names of people or organizations that are going to be part of your project. **These people should already be aware of your proposed project idea.**

F. Estimate overall project expenses and how you plan to meet these costs. (See proposed budget on page 23 for more space.)

G. What methods or tools will you use to evaluate the impact of your project?

H. How will your project be sustained beyond your involvement?

I. Describe how you plan to tell others about your project, the project's impact and what you have learned (articles, Web site, blog, presentations, posters, videos and so on).

Proposed Budget

Proposed Revenue

Source _____ $_____

Source _____ $_____

Source _____ $_____

Proposed Expenses

Speakers/Special Guests

$_____

Paper/Printing $_____

Insurance ($0.11 per non-Girl Scout; min. of $5) $_____

Postage

$_____

Film/Development $_____

Food/Beverage $_____

Material Supply List

_____ $_____

_____ $_____

_____ $_____

_____ $_____

Other (list)

_____ $_____

_____ $_____

_____ $_____

Proposed Timeline

Activity/Objective What do you hope to accomplish? What action needs to be taken?	Date to Start	Date to be complete by:	Comp leted ✓

Your Signature: _____Date: _____

Project Mentor's Signature: _____ Date: _____

For Office Use Only

Date Workbook as received: _____ Received by: _____

GSHOM Representative Approved: _____ Date: _____