



Girl Scout Silver Award Project Intent Form

Please type or print in black ink and return to GSGWM. Girls must be in grades 6-8 to begin working on the Girl Scout Silver Award and must have completed the pre-requisites prior to working on the Silver Award project. This form is to let us know what you are working on and when, and to give us an opportunity to provide feedback and help. You can change and adjust your project as needed; please let us know if you do.

Contact Information

Name: _____

Address: _____ City: _____ State: _____

E-mail: _____ Phone: _____

Grade: _____ Troop Number: _____ Troop Leader: _____

Project Advisor (this is NOT your troop Leader): _____

Address: _____ City: _____ State: _____

E-mail: _____ Phone: _____

Pre-requisite:

Journey completed: _____ Date: _____

Girl Scout Silver Award Project (Please use additional sheets if necessary):

Title of Take Action Project: _____

Begin Date: _____ Target end date: _____

Describe your project and why you selected the project. What is your project? Who will it help?

What is the lasting affect of your project and how will it continue on after you are finished with it?

Will you be working on this project by yourself? YES NO

If doing a group project, how many girls will be working on this project? _____

Members Names: _____

If doing a group project, what is your distinct role in the project?

Your Signature: _____ Date: _____

Project Advisor's Signature: _____ Date: _____

Council Approval: _____ Date: _____