



Girl Scouts®  
Where Girls Grow Strong™

# Silver Award - Project Proposal

GIRL SCOUTS EASTERN WASHINGTON & NORTHERN IDAHO  
1404 N. Ash Street, Spokane, WA 99201

## PART I: PERSONAL DATA

*please type or print in black ink*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Year of High School Graduation: \_\_\_\_\_

Name of School: \_\_\_\_\_

Troop/Group Number: \_\_\_\_\_ Service Unit Number: \_\_\_\_\_

Troop/Group Advisor Name: \_\_\_\_\_ Troop/Group Advisor Phone Number: \_\_\_\_\_

Name of Project Consultant: \_\_\_\_\_ Project Consultant Phone Number: \_\_\_\_\_

Title of Your Project: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

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

## PART II: REQUIREMENTS

Which Girl Scout Cadette Journey did you complete? \_\_\_\_\_

Briefly describe the Take Action project completed during this Journey:

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

## Part III: PROJECT PLAN

1. Describe your project plan, what you will achieve, and who will benefit.

2. What are your reasons for selecting this project?

3. Outline your strengths, talents, and skills that you will put into action?

4. How will you evaluate your project?

5. If this is a group Silver Award project, who is working with you and how have you defined each of your roles? (Group Projects: must list names with defined role by each name)

**\*SPECIAL NOTES:**

- *Attach your written or typed answers for the above questions to this page.*
- *If your Project is an Event, attach an Event Outline to this proposal.*
- *Submit your finished **Project Proposal** to the **GSEWNI** at the above address for review by Sarah Betts. Allow up to six (6) weeks for Approval on your "**Project Proposal**".*
- *Remember to Make copies for yourself and your advisor on all paperwork turned in to the Girl Scouts Eastern Washington & Northern Idaho Council.*

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Troop/Group Advisor Signature

Date

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Advisor/Consultant Signature

Date

Your Signature

Date

***Submit completed application to the Program Director for approval before beginning your project.***

***Please type or print in black ink.***

***Make a copy for your advisor and for yourself.***