



Girl Scouts of Spar and Spindle Council
 Silver Award Advisory Team
 1740 Turnpike Street, North Andover, MA 01845-6323
 978-689-8015 www.ssgsc.org

GIRL SCOUT SILVER AWARD PROJECT PROPOSAL FORM

OFFICE USE ONLY

Received on: _____

Reviewed by: _____

APPROVAL:

YES NO

Notification Sent: _____

The completed proposal should be submitted four to six weeks before you plan to begin your Silver Award Project. Make copies for your Girl Scout Silver Award Project Advisor and yourself to keep. Submit original to GSSSC Silver Award Advisory Team at the above address for approval before you begin work on your project.

Type, print or write legibly with black ink. Be brief.

Today's Date _____ Proposed date for completion of all requirements _____

Project Advisor Contact Name _____
(An adult advisor, troop leader, etc. This should NOT be a project participant's parent. This adult will receive the reviewed copy of this proposal.)

Email Address _____ Primary Phone _____

Street _____

City / Town _____ State _____ Zip Code _____

Troop _____ Leader Name _____

Please list all project participants:

Girl Name _____ Grade _____ Age _____

Girl Name _____ Grade _____ Age _____

Girl Name _____ Grade _____ Age _____

Girl Name _____ Grade _____ Age _____

Title of Silver Award Project: _____

Proposed Start date: _____ Proposed Finish date: _____

Please answer the following questions about your Silver Award Project. Attach additional pages, if necessary.

Describe the issue your project will address _____

Describe what you hope to achieve or accomplish by completing this project _____

Who will benefit from this project _____

Discuss the long term impact of your project _____

(OVER)

