



Girl Scouts of Southern Illinois
Girl Scout Silver Award
Project Intent Form

*This form must be filled out completely and submitted at least a month prior to beginning your project. **You will not be able to start your project until you receive approval.** Please make a copy for yourself.*

Name: Last: _____ First: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Age: _____ Grade: _____

E-mail: _____

Troop #: _____ Service Unit: _____

Date of Girl Scout Silver Award Workshop that you attended: _____

Leader/Advisor: _____

Phone: _____ E-mail: _____

Project Title: _____

Proposed start date: _____ Proposed completion date: _____

Project Description (in detail): _____

How will this project help your community? _____

What is the lasting effect 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 the project in a group, how many girls will be working on this project including you? _____

Please name your group members: _____

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

List consultants, volunteers, and/or resources that will help you in completing your project: _____

Estimate your overall project expenses and how you plan to meet these costs:

*As soon as this is complete, mail in to GSSI, Girl Scout Silver Award, #4 Ginger Creek Pkwy. Glen Carbon, IL 62034. **You will not be able to start your project until you receive approval.***