

Send your completed form to: customer care@nmgirlscouts.org

Girl Contact Information

Name	Date Submitted
Address	City/State/Zip
Phone	Email
Grade	School
Parent/Guardian email	

Troop #	Service Unit #	Troop Leader's Name
Phone#	Email	

Project Advisor	
Project Advisor's Organization	
Project Advisor's Phone	Email

Prerequisites

List the Girl Scout Journey that was completed, along with troop/group advisor signature:

Journey:

Advisor signature:

Project Team

List anyone (first and last name) who will be completing the Silver Award with you/your team:

1.
2.
3.
4.

See the Silver Award Project Guide for team requirements

Take Action Project

See the Silver Award Project Guide regarding Take Action Project components, donation requirements, etc.

Target Completion Date: _____

Project Name: _____

Organization to be partnered with: _____

Location at which the project will be completed: _____

Give a brief description of the project, including how your 50+ hours will be achieved:

Explain how you will collaborate with your selected organization (be specific):

I plan on utilizing donations or a money earning activity for my project: _____ yes _____ no

See Silver Award Project Guide regarding solicitation, donations, and money earning REQUIRED forms and guidelines.

Girl Signature _____ Date: _____

Troop/Group Advisor Signature: _____ Date: _____

Project Advisor Signature: _____ Date: _____