



Girl Scout Silver Award Project Intent Form

This form must be submitted at least a month prior to beginning your project.
You will not be able to start your project until you receive approval.

Name: Last _____ First _____ Middle _____

Address _____ City _____ ST _____ Zip _____

Phone _____ E-Mail _____

Age _____ Grade _____ School _____

Troop # _____ Service Unit _____ Leader/Advisor _____

Phone _____ Email _____

Project Title: _____

Project Description _____

How will this project help your community? _____

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? _____

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

Have you completed the first four requirements? Yes No

What date did you complete each? Girl Scout Leadership Award _____

Girl Scout Silver Career Award _____

Girl Scout Silver 4B's Award _____

I plan to complete my Girl Scout Silver Award Project by _____

As soon as this is complete, mail to:

West: Tracy Barnes, Corporate Service Center, #4 Ginger Creek Parkway, Glen Carbon, IL 62034
Fax: (618) 692-0685

East: Janet Royer, Regional Service Center, 1207 Network Centre Blvd., Suite 3C, Effingham, IL 62401
Fax: (217) 342-3669

You will not be able to start your project until you receive approval.

Date Received _____
Verified with advisor _____
Checked in date _____