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| **GIRL SCOUTS OF WEST CENTRAL FLORIDA** | | | |
| **Dorothy Thomas** | **Indian Echo** | **Wildwood** | **Wai Lani** |

*Check the box to indicate proposed location*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | GOLD |  | SILVER |  | BRONZE |  | SERVICE |

*Check the box to indicate desired project*

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|  |
| *Girl Name Contact Phone* |
|  |
| *Troop # Leader Name Leader Phone Leader email* |
|  |
| *Parent Name Parent Phone Parent Email* |

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| 1. Set a date to meet with Ranger on property |
| 2. Please clearly describe your project: (Please note, general maintenance/clean-up/beautification projects do not meet high awards guidelines. These projects are considered community service projects.  If Project involves construction, provide details on page 2 |
| 3. What issue are you trying to address? What is the root cause of this issue? |
| 4. How will your project educate and inspire others? How will it last when you are no longer involved? |
| 5. How does your project address the root cause? |
| 6. List all volunteers, vendors, and other stakeholders outside your troop members that will assist with the project. |
| 7. Application Deadline – let us know if you need to complete by a certain date / / |
| 8. Bring this form and your ideas to meet with the Ranger |
| 9. Develop your idea with the Ranger’s assistance |
| This application approval is good for 90 days from this date. After that time, a review of the application will be necessary to ensure the project is still viable. Projects must be completed within 6 months of this application.  DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ranger Approval-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Girl Sign Off\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent or Leader Sign Off \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Construction Sketch: |
| Dimensions: |
| Materials /Equipment: |
| Other Assistance Needed: |
| Additional Notes: |

\*Application needs to be submitted and approved by the Camp Ranger and Council Staff prior to beginning the project.