

# GSHCC Go Gold Grant Application

## PURPOSE

The Go Gold Grant is designated to support local Girl Scouts as they complete their Girl Scout Gold Award project. **Financial assistance is available for Girl Scout Seniors and Ambassadors who are currently pursuing their Girl Scout Gold Award.** This year, \$5,000 will be allocated to girls through the GSHCC Go Gold Grant.

## ELIGIBILITY

To be eligible for grant funding, each applicant must:

- Be a registered member of Girl Scouts Heart of Central California for the current membership year.
- Complete all award prerequisites.
- Receive approval of project proposal, timeline, and budget by the GSHCC Awards Program Specialist for the Girl Scout Gold Award.

## SELECTION PROCESS

GSHCC Go Gold Grant funding is limited to \$5,000 for the year. The funding will be used to support multiple projects. Please be aware that simply applying for the grant does not guarantee an award of funding, or the full amount requested.

**Criteria for receiving the GSHCC Go Gold Grant are dependent on the following factors:**

1. The application is complete.
2. The Gold Award project is worthy of distinction, and shows inventiveness in the issue selected, initiative in obtaining donations, and sophistication in the sustainability of the project.
3. The Go Gold Grant budget has not been exceeded for the year.
4. Girls must complete project by September 30th of their high school graduation year.

Award letters and funding checks will be mailed to the address provided on this application. Recipients must also send a one-page report to the council when they have completed their Gold Award project about how funds were used

If you have questions, please contact Madeline O'Neil at 916.453.5238 or email [awards@girlscoutshcc.org](mailto:awards@girlscoutshcc.org).

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## APPLICATION INSTRUCTIONS

- The application form must be completed entirely by the girl applicant only.
- Applications should be typed
- Please attach additional sheets to answer all questions completely, but limit to three additional pages.

## APPLICANT INFORMATION

Applicant Full Name (First, Middle Initial, Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please check your grade level:      Senior       Ambassador

Girl Scout Troop # (or Juliette): \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Parent/Guardian Daytime Phone #: \_\_\_\_\_

Name of School Currently Attending: \_\_\_\_\_

Project Approval Date: \_\_\_\_\_

Proposed Project Budget: \$ \_\_\_\_\_ Amount of Grant Funding Requested: \$ \_\_\_\_\_

