**Girl Scout Gold Award Final Report**

**Girl Scouts of Southeastern New England**

 **500 Greenwich Avenue, Warwick RI 02886**

**Attention: Meghan Kampper**

Submit the original completed form to your council. Make copies for yourself and your Girl Scout Gold Award project advisor. **APPLICATION MUST BE TYPED.** The **Gold Award Final Report** form and the **Time Log** must be received by GSSNE by 9/30 of the year you graduate high school. We recommend that you submit your final report no later than 8/1 of that year. This will allow you to make revisions or answer any questions the committee may have.

**Contact Information**

**Name:** Click here to enter text.

**Address:** Click here to enter text.

**City:** Click here to enter text. **State:** Click here to enter text. **Zip code:** Click here to enter text.

**E-mail:** Click here to enter text. **Phone:**Click here to enter text.

**Age:** Click here to enter text. **Current Grade:** Click here to enter text.**Year of Graduation:** Click here to enter text.

**School:** Click here to enter text. **School Principal:** Click here to enter text.

**Town Administrator/Mayor etc.:** Click here to enter text.

**Troop/Group Volunteer:** Click here to enter text.**Troop/Group Number:** Click here to enter text.

**Troop/Group Volunteer’s Phone:** Click here to enter text. **E-mail:** Click here to enter text.

**Girl Scout Gold Award Project Advisor:** Click here to enter text.***(must have expertise with project topic)***

**Project Advisor’s Phone:** Click here to enter text. **E-mail:** Click here to enter text.

**Project Title:** Click here to enter text.

**Your Team:** List the names of individuals and organizations who worked with you on your Take Action Project.

|  |  |  |
| --- | --- | --- |
| **Team members** | **Affiliation** | **Role** |
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***\*\*\*\*\**APPLICATION MUST BE TYPED*\*\*\*\*\****

**Project Title:** Click here to enter text.

**Approval Start Date:** Click here to enter text. **Project Start Date:** Click here to enter text.

**Completion Date:** Click here to enter text. **Total Hours:** Click here to enter text.

**Please attach another sheet with your answers if needed. Be sure to include the question with your answer.**

1. **Describe your project, the impact you made, and who benefited.**

Click here to enter text.

1. **What was the issue your project addressed? How did you address it?**

Click here to enter text.

1. **How will your project be sustained beyond your involvement? (i.e. by someone other than yourself) Please provide verification, i.e. a letter from the group or person who will carry on the project.**

Click here to enter text.

1. **Explain the national and/or global link to your project.**

Click here to enter text.

1. **Describe any obstacles you encountered and what you did to overcome them.**

Click here to enter text.

1. **Describe what steps you took to inspire others through sharing your project. (Web site, blog, presentations, etc).**

Click here to enter text.

1. **Describe what you learned from this project including leadership skills you developed. What did you learn about yourself as a result of this project?**

Click here to enter text.

1. **What was the most successful aspect of your project?**

Click here to enter text.

1. **What aspects of your project would you change or do differently if you could start over?**

Click here to enter text.

Your Signature: Date:

Project Advisor’s Signature: Date: