

**Girl Scout Silver 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 Silver Award project advisor. **APPLICATION MUST BE TYPED.** The **Silver Award Final Report** form and the **Time Log** must be received by GSRI by 9/30 of the year you enter 9th grade. 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. **School:** 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 Silver Award Project Advisor:** Click here to enter text.

**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** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

***\*\*\*\*\**APPLICATION MUST BE TYPED*\*\*\*\*\****

**Take Action Project:** 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, what 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. **Show how your project could be sustained beyond your involvement. Have you made plans for it to continue? (i.e. by someone other than yourself)**

Click here to enter text.

1. **How did you connect with others outside your local community with similar problems or possible solutions?**

Click here to enter text.

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

Click here to enter text.

1. **How did you share your project and what you have learned from it? (web page, press release, presentations, etc.)**

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: