

Girl Scout Gold Award Final Report



Girl Scouts of Rhode Island 125 Charles St, Providence, RI 02904 Attention: Hlee Kue

Submit the original completed form to your council. Make copies for yourself and your Girl Scout Gold Award project advisor. <u>APPLICATION MUST BE TYPED.</u> The Gold Award Final Report form and the Time Log must be received by GSRI 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:		
Address:		
City:		
E-mail:	Phone: ()	
Age: Current Grade:	Year of Graduation:	
School:	School Principal:	
Town Administrator/Mayor etc.:		
Troop/Group Volunteer:	Troop/Group Number:	
Troop/Group Volunteer's Phone: ()	E-mail	
Girl Scout Gold Award Project Advisor:	(must have expertise with project topic)	
Project Advisor's Phone: ()	E-mail:	
Project Title:		

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

Team members	Affiliation	Role

Girl Scout Gold Award Final Report, co	ontinued ***** <u>APPLI</u>	CATION MUST BE TYPED *****			
Project Title:			_		
Approval Start Date:	_ Project Start Date:	Completion Date:	Total Hours:		
Please attach another sheet with your answers if needed. Be sure to include the question with your answer. A. Describe your project, the impact you made, and who benefited.					
B. What was the issue your p	roject addressed? How d	id you address it?			
C. 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.					
D. Explain the national and/or	global link to your project				

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

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

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

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

H. What was the most successful aspect of your project?

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

 Your Signature:
 Date:

 Project Advisor's Signature:
 Date:

Time Log for Girl Scout Higher Award Project

<u>Name</u>	Project Title	
	Project Activity (Describe each entry in detail)	
Date	You may use more than the space allotted to explain each activity.	Time Spent
	(Add each page) total hours:	
	FINAL TOTAL PROJECT HOURS:	

* Please make copies of this page if you need to expand.