



Girl Scout Silver 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 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: _____

Address: _____

City: _____ State: _____ Zip code: _____

E-mail: _____ Phone: (_____) _____

Age: _____ Current Grade: _____ School: _____

Troop/Group Volunteer: _____ Troop/Group Number: _____

Troop/Group Volunteer's Phone: (_____) _____ E-mail: _____

Girl Scout Silver Award Project Advisor: _____

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

Take Action Project: 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, what impact you made, and who benefited.

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

C. 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)

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

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

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

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

H. 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

Name _____ Project Title _____

Date	Project Activity (Describe each entry in detail) 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.