

Girl Scout Silver Award Final Report

Girl Scout – North Carolina Coastal Pines

Submit the original completed form to your council. Make copies for your Girl Scout Silver Award project advisor and you to keep.

Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

E-mail: _____ Phone: _____

Age: _____ Grade: _____ School: _____

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

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

Girl Scout Gold Award Project Advisor: _____

Project Advisor's Organization: _____

Project Advisor's Phone: (_____) _____ E-mail: _____

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

Team members	Affiliation	Role

Take Action Project

Project Title: _____ Start Date: _____ Completion Date: _____ Hours: _____

A. Describe the issue your project addressed, what you achieved, and who benefitted.

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B. Discuss the reasons for selecting this project.

C. How will your project be sustained beyond your involvement?

D. Explain the local and/or global link to your project.

E. Describe what you learned from this project. What did you learn about yourself as a result of this project?

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

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

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Possible Future Impact

How do you think your leadership skills will grow in the future because of this project?

Your Signature: _____ Date: _____

Project Advisor's Signature: _____ Date: _____

Actions	Date
Received by Council	
Final Approval Given	

Approved: _____ Date: _____

Council Representative