



Girl Scout Silver Award Final Report Form

Please type or print using black ink. If you worked as a team for this project, each team member must fill out their own, separate report. Make copies for your Girl Scout Silver Award Project Advisor and keep one for yourself. Feel free to attach additional papers or documents as needed.

Name: _____ Date: _____

Address: _____

City/State/Zip: _____

Your Phone: _____ Your E-mail: _____

Age: _____ Grade: _____ School: _____

Troop/Group Leader: _____ Troop/Group #: _____

Troop/Group Leader Phone: _____ E-mail: _____

Girl Scout Silver Award Project Advisor: _____

Girl Scout Silver Award Project Advisor Address: _____

City/State/Zip: _____

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

I. Complete one Girl Scout Cadette Journey

Name of Cadette Journey	Date Completed	Troop/Group Leader Signature
What I did for my Journey Take Action Project was:		

Name: _____

II. Girl Scout Silver Award Take Action Project

Title of Silver Award Take Action Project: _____

Start Date: _____ Completion Date: _____

CHECK ONE:

☐ I decided to go solo

OR

☐ I worked with a Girl Scout Silver Award Project Team. They are listed below:
List team members (including other Girl Scouts) and/ or community members, businesses or organizations and what role they played in your project:

Team Member Name:	Role:

Describe your Take Action project and why you selected the project.

Name: _____

III. Reflection: Please type on a separate piece of paper if more space is needed.

I got to know my community by:

☐ **MY COMMUNITY MAP IS ATTACHED**

A. What issue did your project address? Who did it benefit?

B. Explain your specific leadership role(s) during the project.

C. Outline your strengths, talents and skills that you put into action.

Name: _____

D. I connected to my local and global community by.

E. Describe one challenge you faced during the project and how you overcame it.

F. How will your project continue even after you have finished working on the project?

☐ My Silver Award Take Action Project Log totaling approximately 50 hours is attached.

☐ My budget worksheet is attached.

Your Signature: _____ Date: _____

Girl Scout Silver Award Project Advisor Signature: _____ Date: _____

ACTIONS:	DATE:
Received by council on:	
Signature of council representative:	



Take Action Project Hour Log

[illegible]

Total time = _____ hours (*suggested minimum of 50 hours*)

Signature: _____ Date: _____