

## Girl Scout Silver Award Take Action Project *Final Report*

Please type or print your responses. If a team project, each girl should submit a report. Submit final report to the Awards Coordinator by April 1 (in order to receive award during current year) or by September 30 after you complete eighth grade. Make copies for your troop leader and for yourself.

Name:		Phone:	
Address:	(	City & Zip:	
E-mail:			Age:
Name of School:			Grade:
Troop/Group Number: Number of	f Years in Girl Scouts: _		
Troop/Group Advisor:		Phone:	
Advisor E-mail:	Servi	ce Unit:	
Take Action Project Advisor:		P	hone:
Title of GS Silver Award Take Action Project:			
Type of Project (circle one): Solo	Team		
Take Action Project Completion Date:		Total Hours Spe	ent:
Cadette Journey Completed:	Date Comple	eted:	
Data Final Papart Submitted to Council			

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

Team Members	Affiliation	Role

<b>2.</b> D	Describe your	project and	the community	issue addressed.	What impact did	l you have and	d who ben	ıefitted.
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**3.** How will your project be sustained beyond your involvement?

4. Describe any obstacles you encountered and how you overcame them.	
<b>5.</b> Describe what you learned from this project, including leadership skills you developed.	
6. What was the most successful aspect of your project?	

. What aspects would you change	or do differently if y	you were to start over?	
How will you share what you hav	a accomplished?		
now will you share what you hav	e accomplished:		
oop Leader's Signature	Date	Your Signature	Date
	RETU	RN FORM TO:	
		ard Coordinator	
		Arcade Drive	
		ock, AR 72212 girlscoutsdiamonds.org	
de enhantidad de escrito d			
ate submitted to council		Date received by council	
		Staff Initials	