

Girl Scout Bronze Award Take Action Project *Final Report*

This form can be completed as a troop. Please type your responses. Make copies for your records and submit original final report to the Awards Coordinator by February 15 (in order to receive award during current year) or by September 30 after you have completed fifth grade. Troop # _____ Leader: _____ Phone: _____ Leader's Address: _____ City _____ State ___ Zip code _____ Leader's Email: Did your group follow the Bronze Award guidelines found on the Girl Scouts - Diamonds website? YES NO* (*If you answered "no", you have used invalid guidelines and will need to re-design your group's work) Date work began on prerequisites: Names and current grade of girls completing all requirements and project: Grade Name Name Grade What community issue did you/your group decide to address with your Take Action Project? Why did you choose this issue? _____

Briefly describe the GS Bronze Take Action P	roject:	
Number of hours each girl spent on the proj	ect:	
What impact do you see this project having o	on your community?	
What impact do you see this project having t	myour community.	
GS Journey: Da	te Completed: Lead	er's Initials
Names of everyone on your Take Action Tear	n (see Step #2 of requirements):	
		
	Troop Leader Signature	Date
DETURN FORM TO		
RETURN FORM TO: Bronze Award Coordinator		
11311 Arcade Drive		
Little Rock, AR 72212	Date received by council	
Email:	Staff Initials	

Email: bronze@girlscoutsdiamonds.org