

Girl Scouts of Eastern Pennsylvania

Girl Scout Silver Award Take Action Final Report

Please fill out using a word processing program, type or print in black ink. Reports which are incomplete or written in pencil will be returned. **Make copies of the following for the Older Girl Program Manager: Final Report, final timeline and budget, and list of volunteers and the hours they served.**

For Council use only

Received by Council on: _____ Reviewed by committee on: _____

Name: _____ Service Unit: _____

Address: _____ County: _____

City: _____ State: _____ 9-Digit Zip code: _____

E-mail: _____ Phone: _____

Age: _____ Grade: _____ Graduation Year: _____ School: _____

Troop/Group Number: _____ Troop/Group Leader: _____

Address: _____

City: _____ State: _____ Zip _____

Troop/Group Leaders Phone: (____) _____ E-mail: _____

Girl Scout Silver Award Project Advisor: _____

Address _____

City _____ State _____ Zip Code _____

Project Advisor's Organization: _____

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

Silver Award Take Action Project

Project Title: _____

Start Date: _____ Completion Date: _____

How many hours did you invest into the project? _____

How many hours did your volunteers invest into the project? _____

What was the actual cost of your project? _____

List the full name and address of the sites/organizations (beneficiary) which benefited from your project. If you provided the program to more than one site, attach a sheet with additional agency names and addresses.

Name of Project Benefactor: _____

Benefactor's Address: _____

City _____ State _____ Zip Code _____

You may use a separate sheet of paper to answer the following questions.

A. Describe the issue your project addressed.

Who benefited from the project? Who was your audience? How many people were served (if applicable)? What skills, knowledge, or attitudes will your target audience gain?

- a. Who benefited from the project? Who was your audience? How many people were served (if applicable)?
- b. What skills, knowledge, or attitudes will your target audience gain?
- c. What type of program/service did you provide? What did you achieve? Describe in detail.
- d. When was the program/service offered? Give actual dates (if applicable)
- e. Where was the program /service offered? If same as above, indicate as "Same". If there was more than one site, list all.
- f. Please describe the method for the program/service delivery.

B. Explain how you achieved the seven hours of leadership with your Volunteer Team and other community participants. How did you train and supervise your Volunteer Team?

I. Final Budget – Report the final project expenses and income and indicate how the project was funded. **This section must be completed by every applicant, even if the benefactor covers the project expenses or you didn't need to purchase supplies.**

Materials description and quantity used	Cost	Donated/Paid by
Total Expenses	\$	
Total Income	\$	

J. How will your project be sustained ? What examples of the project impact might you see in future?

K. Explain the global connection to your project.

L. Describe how you told others about your project, the project's impact, and what you have learned (Web site, blog, presentations, posters, videos, articles, and so on).

M. The following is a list of the 15 Girl Scout Leadership Outcomes. Which outcomes did you develop throughout the project?

Discover:

- I will develop a stronger sense of self.
- I will develop positive values.
- I will gain practical life skills.
- I will seek challenges in the world.
- I will develop critical thinking.

Connect:

- I will develop healthy relationships.
- I will promote cooperation and team building.

- I will resolve conflicts.
- I will advance diversity in a multicultural world.
- I will feel more connected to my community, locally and globally.

Take Action:

- I will identify community issues.
- I will be a resourceful problem solver.
- I will advocate for myself and others, locally and globally.
- I will educate and inspire others to act.
- I will feel empowered to make a difference in the world.

Your Signature: _____ Date: _____

Leader's Signature: _____ Date: _____

Project Advisor's Signature: _____ Date: _____

Applicant's racial background is: (please check as many as apply)

- African American American Indian Asian Caucasian
 Hawaiian or Pacific Islander Other (please specify: _____)

Applicant's ethnic background is: (please check one)

- Hispanic or Latina Non-Hispanic or Latina

