

GIRL SCOUT SILVER AWARD FINAL REPORT

Please fill out using a word processing program, or type or print in black ink. Make copies for your Girl Scout Silver Award Project Advisor and for you to keep. SUBMIT ORIGINAL REPORT TO YOUR COUNCIL. Reports written in pencil or illegible will be returned.

Name: _____
(Print your name the way you want it to appear on your Silver Award certificates. Please include your middle initial.)

Phonetic spelling of your name for the ceremony: _____

Address: _____ County: _____

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

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Troop # _____ Service Unit Name: _____ Service Unit #: _____

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

Troop/Group Advisor's Name: _____ Troop/Group Number: _____

Troop/Group Advisor's Phone: (_____) _____ Email: _____

Girl Scout Silver Award Project Advisor: _____

Project Advisor's Phone: (_____) _____ Email: _____

Title of Project: _____

List the full name and address of the Site/Organization which benefitted from your Silver Award project:

Site Name _____

Full Address: _____

STEP 6: Tracking Project Hours

Date started (month/year): ____ / ____ Date Completed (month/year): ____ / ____

STEP 7: Reflection and Evaluation

A. Briefly summarize your project.

Include the issue your project addressed and the methods you used for meeting the project objectives. Describe the Who, What, When, Where and Why. Please limit your summary to one paragraph.

B. Discuss the benefits your project provided to others in the community.

C. Describe how you achieved the seven hours of leadership. How did you work with your team of volunteers?

D. Write a brief summary of the evaluation forms you received from your volunteers, participants and project advisor.

E. What did you learn about yourself as a result of this project?

F. What aspects of your project would you change or do differently?

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

H. Attach the following items to the Final Report:

1. Timeline of the 40 project hours
2. Final budget
3. List of volunteers who assisted you, the dates and hours they volunteered, and their titles/ positions (i.e. teacher, coach, Girl Scout leader, friend, relative, etc.)

Your Signature _____ Date: _____

Silver Award Project Advisor's Name (please print): _____

Silver Award Project Advisor's Signature _____ Date: _____

Silver Award 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

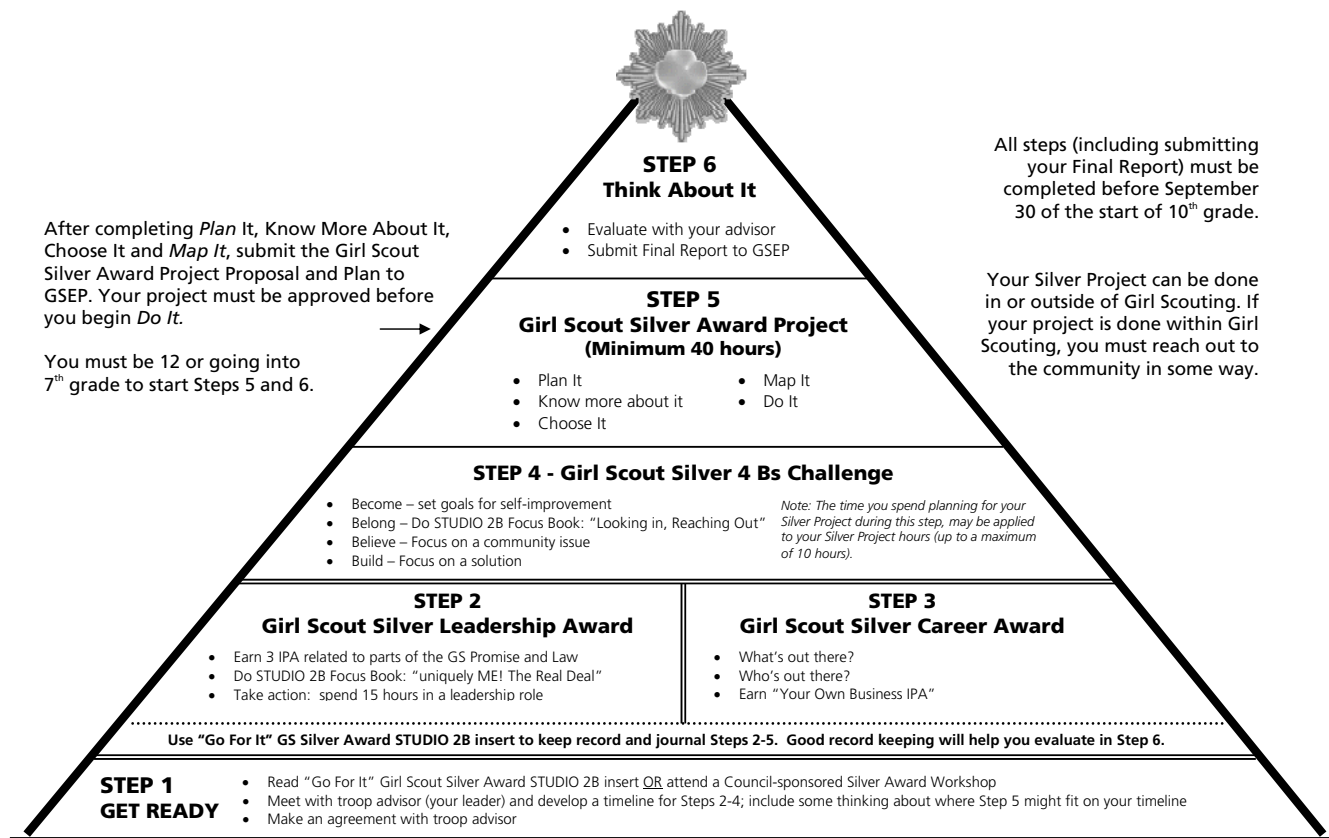
FOR COUNCIL USE ONLY

DATE RECEIVED BY COUNCIL: _____

DATE APPROVED BY SILVER AWARD COMMITTEE: _____

COUNCIL REPRESENTATIVE SIGNATURE: _____

GO FOR IT: THE GIRL SCOUT SILVER AWARD PYRAMID



All steps (including submitting your Final Report) must be completed before September 30 of the start of 10th grade.

After completing *Plan It*, *Know More About It*, *Choose It* and *Map It*, submit the Girl Scout Silver Award Project Proposal and Plan to GSEP. Your project must be approved before you begin *Do It*.

You must be 12 or going into 7th grade to start Steps 5 and 6.

Your Silver Project can be done in or outside of Girl Scouting. If your project is done within Girl Scouting, you must reach out to the community in some way.

Accomplishments prior to bridging or registering as a Girl Age 11-17 cannot be used toward the Girl Scout Silver Award.