



# Girl Scout Silver Award Final Report



**Girl Scouts of Rhode Island**  
 125 Charles St, Providence, RI 02904  
 Attention: Hlee Kue

Submit the original completed form to your council. Make copies for yourself and your Girl Scout Silver Award project advisor. **Type or print in black ink.** The **Silver Award Final Report** form and the **Time Log** must be received by GSRI by 9/30 of the year you enter 9<sup>th</sup> grade. We recommend that you submit your final report no later than 8/1 of that year. This will allow you to make revisions or answer any questions the committee may have.

## Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_ School: \_\_\_\_\_

Troop/Group Volunteer: \_\_\_\_\_ Troop/Group Number: \_\_\_\_\_

Troop/Group Volunteer's Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

Girl Scout Silver Award Project Advisor: \_\_\_\_\_

Project Advisor's Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Project Title: \_\_\_\_\_

**Your Team:** List the names of individuals and organizations who worked with you on your Take Action Project.

Team members	Affiliation	Role

**Take Action Project:** Project Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Hours: \_\_\_\_\_

A. Describe your project, what impact you made, and who benefited.

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B. What was the issue your project addressed? How did you address it?

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C. Show how your project could be sustained beyond your involvement. Have you made plans for it to continue? (i.e by someone other than yourself)

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D. How did you connect with others outside your local community with similar problems or possible solutions?

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E. Describe any obstacles you encountered and what you did to overcome them.

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F. How did you share your project and what you have learned from it? (web page, press release, presentations etc.)

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

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H. What aspects of your project would you change or do differently if you could start over?

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Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Project Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

