



## Girl Scout Bronze Award Report Form

To be recognized by Girl Scouts of Black Diamond Council, please have each girl complete this form in its entirety and sign it. **The Bronze Award Report Form must be completed and submitted no later than September 30<sup>th</sup> after the completion of your 5<sup>th</sup> grade year.** Mail completed forms to Girl Scouts of Black Diamond Council, 321 Virginia St. W, Charleston, WV 25302.

**Training video is required for all leaders/advisors prior to beginning project.**

### Section I: Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ County: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 Name of School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Troop/Group #: \_\_\_\_\_ Service Unit: \_\_\_\_\_

### Troop/Group Leader Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

### Section II: Prerequisites- Complete one Journey from the Junior Level.

Junior Journey	Date Completed	Troop/Group Advisor's Signature
Take Action Project for this Journey	Date Completed	Troop/Group Advisor's Signature

### Section III: Girl Scout Bronze Award Project

Name of your project: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Describe what you did for your project:

Why did you choose this project?

What did you learn from doing this project?

Please attach any pictures and copies of newspaper articles about your project and tell us about other ways you spread the word to other people about this project.

Date of Award Ceremony, if known: \_\_\_\_\_

**\*\*Please attach your Bronze Award Project Time Log\*\***

Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

