

# **Girl Scout Silver Award Report Form**

Complete the following Girl Scout Silver Award Report Form (typewritten is preferred but printing in black ink is acceptable). If necessary, use additional sheets. The Silver Award Report Form must be completed and submitted no later than Sept. 30 after the completion of your 8<sup>th</sup> grade year. Submit the original completed form to Girl Scouts of Black Diamond Council, 321 Virginia St. W., Charleston, WV 25302. Make copies for your Girl Scout Silver Award project advisor and yourself to keep. When you submit your final report, please include copies of any written material, documentation and photographs (digital pictures are preferred). Please e-mail them to gsawards@bdgsc.org. Submit any evaluations that were part of your project, as well as your time log and budget sheet.

### **Contact Information**

Name		
	State	Zip Code
E-mail		
	Cell Phon	e
Age Grade	School	
County	Tro	oop/Group Number
Troop/Group Leade	<u>er</u>	
Name		
	State	
Home Phone	Work Phone	Cell Phone
<u>Project Advisor</u>		
enlist the help of an expe that they are concerned	as part of the Girl Scout Silver Average and the Girl Scout Silver Average and the specific question of the sourt. This person can be the test of sor is chosen, please provide their of the sourt of the source of	ons about the community issue eam or individual girl's project
Name		
	State	
E-mail		_
Phone	Cell Phon	e

## **Prerequisites**

Complete one Cadette Journey and the coordinating Take Action project. List the one journey that you have completed along with your troop/group leader's signature.

Cadette Journey	Date	Troop/Group Leader's
	Completed	Signature
Take Action Project for Journey	Date	Troop/Group Leader's
Take Action Project for Journey	Date Completed	Troop/Group Leader's Signature

Did you complete this project using the small team model with your other Cadette troop members or did you use the solo model option?

#### <u>Your Team</u>

List the names of individuals and organizations that worked with you on your Take Action Project.

Team members	Affiliation/Organization/ Relationship to You	Role

#### **Silver Award Project**

Project Title		
Start Date	Completion Date	
Hours (please attach time log)		

On a separate sheet of paper, please answer the following questions. Typewritten responses are preferred. If the responses are handwritten, please write legibly and use black ink.

# Keep in mind that if this is a group project, each girl must have defined responsibilities different from other members, and their report form should reflect those responsibilities.

A. Describe the issue your project addressed, what impact you had hoped to make, and who benefitted from your efforts.

B. What was the root cause of the issue? How did you address it?

C. What other community partners/contacts gave you information to use or helped you with your project?

D. Explain the national and/or global link to your project. (E.g. You could explain how you connected with new friends outside your immediate community. You could also mention what you learned about how others solved similar problems in their community and if their solutions helped you with your project.)

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

F. Describe what steps you took to inspire others through sharing your project. (Web site, blog, presentations, posters, videos, articles, and so on).

G. Describe what you learned from this project including leadership skills you developed. What did you learn about yourself as a result of this project?

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

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

J. Explain how you connected with people outside of your immediate community and learned how others have solved similar issues. Describe how the ideas of others have helped you with the planning of your project.

### **Possible Future Impact**

On a separate sheet of paper, please answer following question. Your response should be typed or printed in black ink.

A. How do you think your leadership skills will grow in the future because of this project?

B. What are the ways that your project can be carried on in the future?

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

Troop/Group Leader's Signature: \_\_\_\_\_\_Date:\_\_\_\_\_

Revised 10/17

# Girl Scout Silver Award Project Time Log Suggested minimum hours – 50 hours per girl

Keep in mind that not all projects will require the same length of time to complete. The time it takes to earn the awards will depend on the nature of the project, the size of the team, and the support of the community.

Date	Activity	Amount of Time
	Total Hours (suggested minimum of 50	)

# Girl Scout Silver Award Project Expense Sheet

Date	Income Source(s) for Project	Total
Date	Expenses for Project	Total
Date		I Utur
Το	tal remaining	

\*If there is a remaining balance, what are the plans for the remaining balance?

I give permission for my daughter's information to be published in Girl Scout publications.
I give permission for my daughter's information to be published in local media outlets.
(i.e. newspapers, schools, places of worship, etc.)

I DO NOT wish for my daughter's information to be published.

Parent/Guardian signature

Date

#### Silver Award letters, certificates and pins will be mailed to the troop/group leader unless otherwise specified.

#### For Council Use Only

Actions	Date
Received by Council	
Final Approval Given	
Letter, Certificate and Pin Mailed	