

Toll Free: 1(800) 490 – 8653 www.girlscoutsccs.org

SILVER AWARD FINAL REPORT FORM - PART I

Submit the original completed for Troop Leader and you to keep.	m within one month of	completing your proje	ect. Make copies for your p	oroject advisor,
Name:				
Address:				
City: S	State: Zi	ip code:		
Email:		Phone: ()	
Age: Grade:	School:			
Troop Number: Troo	p Leader:			
Troop Leader's Phone: ()	Email	:		
Silver Award Project Advisor:				
Project Advisor's Organization: _				
Project Advisor's Phone: ()	Ema	ail:		
Pre-Requisite Information				
Title of Cadette Journey Comple	ted:			
Date completed:	Troop Leader sign	ature:		
Take Action Project				
Title of Take Action Project:				
Start date:	Completion date:			
List team members (including ot	her Girl Scouts) and/ o	or community membe	ers and what role they pl	ayed in your project.
Team Member Name	Role	Seeking Silver	Not Seeking Silver	Troop #

Continue to Part II

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SILVER AWARD FINAL REPORT FORM - PART II

Girl's Na	me: Project:				
1.	Describe your Take Action Project and why you selected the project.				
2.	What issue did your project address? Who did it benefit?				
3.	How did your project help make a difference on the root cause of your chosen issue?				
4.	How did you evaluate/measure the impact your project had? What were the results?				
5.	How did you connect your project to the community and world around you? What did you learn about the				
	community and world through this project				
6.	How do you plan for your project to be sustained?				
7.	7. Describe one challenge you face during the project and how you overcame it.				
8.	. What was the most successful aspect of your project				
9.	9. If you could start your project over, what would you do differently?				
10.	10. List your project expenses and how you met these costs. (optional: attach budget)				
11.	11. How did you educate and inspire others about your issue?				
12. Describe what you learned about yourself and your leadership abilities through the course of your project.					
Girl's Sig	nature	 Date			
Leader S	iignature	Date			
Project /	Advisor Signature (optional)	Date			
Council Representative		Date			
Submit	Part I and Part II along with all accompanyi	ng paperwork to: Girl Scouts Central California South:			

Girl Experience Manager Email: customercare@girlscoutsccs.org

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