



Girl Scouts of Middle Tennessee Girl Scout Silver Award Final Report

Please submit the original form to Girl Scouts of Middle Tennessee.
Make copies for your Girl Scout Silver Award project advisor and you to keep.

Submit to:
Silver Award Coordinator
Girl Scouts of Middle Tennessee
4522 Granny White Pike
Nashville, TN 37204
Email: info@gsmidtn.org
Phone: (800) 395-5318 or (615) 383-0490
Fax: (615) 297-6296



Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

E-mail: _____ Phone: _____

Age: ____ Grade: _____ School: _____

Troop/Group Number: _____ Troop/Group Volunteer: _____

Troop/Group Volunteer's Phone: (____) _____ Email: _____

Girl Scout Silver Award Project Advisor: _____

Project Advisor's Organization: _____

Project Advisor's Phone: (____) _____ E-mail: _____

Complete One Girl Scout Cadette Journey:

Title of Journey completed: _____ Date: _____

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

Team members	Affiliation	Role

Take Action Project

Project Title: _____ Start Date: _____

Completion Date: _____ Hours: _____

Girl Scout Silver Award Final Report, continued

A. Describe your Take Action Project and why you selected it.

B. What root issue did your project address? How did you address it?

C. Explain your specific leadership role(s) during the project.

D. What did you discover about your self? Outline your strengths, talents, and skills that you put into action.

E. Describe a challenge you faced during the project and how you overcame it.

F. How did you connect with your local and global communities? What steps did you take to inspire others through sharing your project? (Web site, blog, presentations, posters, videos, articles, and so on).

G. What impact did your Take Action project have on your community?

H. What would you change or do differently if you could start over?

Girl Scout Silver Award Final Report, continued

Impact On ...	Goals	Examples of Immediate Impact
You	<p>Which of the 15 Girl Scout Leadership Outcomes* listed do you think you were able to develop through this project?</p> <p>Discover:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I developed a stronger sense of self. <input type="checkbox"/> I developed positive values. <input type="checkbox"/> I gained practical life skills. <input type="checkbox"/> I sought challenges in the world. <input type="checkbox"/> I developed critical thinking. <p>Connect:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I developed healthy relationships. <input type="checkbox"/> I promoted cooperation and team building. <input type="checkbox"/> I resolved conflicts. <input type="checkbox"/> I advanced diversity in a multicultural world. <input type="checkbox"/> I felt more connected to my community, locally and globally. <p>Take Action:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I will identify community issues. <input type="checkbox"/> I will be a resourceful problem solver. <input type="checkbox"/> I will advocate for myself and others, locally and globally. <input type="checkbox"/> I will educate and inspire others to act. <input type="checkbox"/> I will feel empowered to make a difference in the world. <p>*Want more information on the Girl Scout Leadership Outcomes? Refer to your grade level appropriate How To Guide.</p>	<p>Within each leadership key (Discover, Connect and Take Action) list one or two examples of your growth as a leader.</p>

Possible Future Impact

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

-
- My Silver Award Take Action Project Log totaling approximately 50 hours is attached.
 - My Budget Worksheet is attached.

Please allow 30 days to process your paperwork.

Your Signature: _____ Date: _____

Troop Leader/Advisor's Signature: _____ Date: _____

Project Advisor's Signature: _____ Date: _____

Date final report submitted: _____

Office use only:

Date received by Silver Award advisor: _____

