

Silver Award Take Action Project | Checklist for Completion and Submission

Please note: Each girl earning her Silver Award should submit an individual Final Report.

Pre-Project:

- Confirm all group members are registered Girl Scout Cadettes in sixth, seventh, or eighth grade
- Complete Cadette Journey
- Complete Journey Take Action Project

Project:

- Build team, including community partners to work with
- Define issue for Take Action Project to address
- Meet criteria for Take Action Projects (i.e. not a collection and/or donation)
- Contribute the recommended minimum of 50 hours for each girl
- Submit an individual Final Report detailing the unique experience for each girl
- Submit an individual Time Log detailing the 50 hours for each girl
- Submit project to council as one complete packet (all Final Reports, Time Logs, receipts, photos, etc.) by September 30 of ninth grade year

Post-Project:

- Send pictures to the GSMIDTN Communications Department (CommunicationsDept@gsmidtn.org)
Date Completed: _____
- Receive email from council that Final Reports have been received
Date Completed: _____
- Receive email from council that Final Reports have been approved
Date Completed: _____
- Send thank you notes to community partners and others who work with girls
- Receive email with details for the upcoming Highest Award Ceremony
- Celebrate!



Your Name: _____

Silver Award Take Action Project | Cover Sheet and Request for Additional Information

Please note: Each girl earning her Silver Award should submit an individual Final Report.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Age: _____ Grade: _____ School: _____

Title of Silver Award Project: _____

Primary Focus Area: Civic Engagement Healthy Living Financial Literacy

STEAM (Science, Technology, Engineering, Arts, and Math)

Girl Scout Silver Award will be earned as: Individual Group (max. 4)

Parent/Guardian Names: _____

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

Troop/Group Volunteer Phone: _____ Email: _____

Girl Scout Silver Award Project Advisor: _____

Project Advisor Organization: _____

Project Advisor Phone: _____ Email: _____



Your Name: _____

Group Member Names (if applicable)	Grade
1.	
2.	
3.	
4.	

Adult Names	Relationship (adult, leader, parent, etc.)

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

Team Members	Affiliation	Role



Your Name: _____

Take Action Project Description

Describe your Silver Award Take Action Project in 75 words or less. Be sure to include at least one of these key points: what you did to address your issue, who/how it will be sustainable, the national or global link(s), and how you spread the word about your project.

Take Action Project Photos

Be sure to take four to six digital photos of your project before, during, and/or after to submit with your final report. All photos should be high-quality, clear photos with no text or Photoshop effects.

Take Action Project

Project Title: _____

Start Date: _____ Completion Date: _____ Hours: _____

Describe the issue your project addressed, what impact you had hoped to make, and who benefited.

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

How will your project be sustained beyond your involvement?



Your Name: _____

Explain the national and/or global link to your project.

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

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

What was the most successful aspect of your project?

What did you learn from others who worked to solve the same problem? How did that help you make your project better?

What do you know now that you didn't know before?



Your Name: _____

By signing below, we (girl, project advisor, parent/guardian, and troop leader/volunteer) agree and understand that the Girl Scout Silver Award Take Action Project:

- It cannot solely benefit the Girl Scout community
- It cannot just a collection or donation drive
- It cannot be a fundraiser for another organization
- It is not simply volunteering time for another organization in an already existing project

Girl Signature: _____ Date: _____

Project Advisor Signature: _____ Date: _____

*I, **Girl Scout Troop Leader/Volunteer**, have reviewed the above Girl Scout Silver Award Project Final Report including answers to the Take Action Project questions. I am aware of the requirements and guidelines of the Girl Scout Silver Award set forth by both GSUSA and Girl Scouts of Middle Tennessee, and believe that this project aligns with those requirements.*

Troop Leader/Volunteer Signature: _____ Date: _____

Completion Date: _____ Final Report Submission Date: _____

Council Representative Approved _____ Date: _____



Your Name: _____

Submit completed form to:

Girl Scouts of Middle Tennessee
Attn: Silver Award
4522 Granny White Pike
Nashville, TN 37204

OR

HighestAwards@gsmidtn.org

For questions, contact:

Alice LaBour
(615) 460-0241
ALaBour@gsmidtn.org

