

## Bronze Award Take Action Project | Checklist for Completion and Submission

### **Pre-Project:**

- Confirm all group members are registered Girl Scout Juniors in fourth or fifth grade
- Complete Junior Journey
- Complete Journey Take Action Project

### **Project:**

	Build team,	including	community	partners	to v	work	with
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- Define issue for Take Action Project to address
- Meet criteria for Take Action Projects (i.e. not a collection and/or donation)
- Make troop copies of Final Report and additional materials
- Submit project to council by September 30 of sixth grade year

### **Post-Project:**

- Send pictures to the GSMIDTN Communications Department (CommunicationsDept@gsmidtn.org)
  Date Completed:
- Receive email from council that Final Report has been received
   Date Completed: \_\_\_\_\_\_
- $\hfill\square$  Receive email from council that Final Report has been approved

Date Completed: \_\_\_\_

Receive letters, memos, and/or certificates in mail

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

Send thank you notes to community partners and others who work with girls

- Purchase Bronze Awards pins
- Celebrate!





Your Name:\_\_\_\_\_

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

Troop/Group Number:	Troop/Group Volunteer:	
Troop/Group Volunteer Phone:	Email:	
Address:		
City:	State:	Zip Code:
Project Advisor Organization:		
Project Advisor Phone:	Email:	

Prerequisites: One Junior journey.

Check the journey that you have completed along with your troop/group volunteer's signature.

Junior Journey Books	Completed	Troop/Group Volunteer's Signature
It's Your World, Change It! – Agent of Change		
It's Your Planet, Love It! – <b>Get Moving!</b>		
It's Your Story, Tell It! – <b>aMuse</b>		

What did the girls do for their Journey Take Action Project?

Outline the strengths, talents, and skills girls learned when they earned their Girl Scout Junior journeys. What skills helped this project run smoothly?





Your Name:\_\_\_\_\_

Group Member Names			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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



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Your Name: \_\_\_\_\_

<b>Observation</b> List some of the observations the girls made while exploring their community.	<b>Maybe We Could</b> List the project ideas the girls came up with that could make a difference.

## **Take Action Project**

Project Title:\_\_\_\_\_

Proposed Start Date: \_\_\_\_\_ Proposed Completion Date: \_\_\_\_\_

Describe the issue your project addressed, what you accomplished and how, who your target audience was, and any other details that will help us to understand your project.

Discuss your reasons for selecting this project.

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Your Name:

How did the girls live the Girl Scout Promise and Law while earning their Girl Scout Bronze Award?

How did their team work together?

What problems did they encounter? How did they solve them?

What did the girls discover about themselves from this experience?

What did they do to inspire others to act?

How will their project be sustained beyond the girls' involvement?

How do they feel about how their team made the world a better place?

Approximately how many people benefitted from this project?





of middle tennessee		Your Name	e:	
How did the girls share their stor	y?			
Were Thank You Notes Sent? Were Photos Submitted?	□ Yes □ Yes	□ No □ No	Date: Date:	

# By signing below, we (girl, project advisor, parent/guardian, and troop leader/volunteer) agree and understand that the Bronze 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

I, **Girl Scout Troop Leader/Volunteer**, have reviewed the above Girl Scout Bronze Award Project Final Report including answers to the Take Action Project questions. I am aware of the requirements and guidelines of the Girl Scout Bronze 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: Bronze Award 4522 Granny White Pike Nashville, TN 37204

OR

HighestAwards@gsmidtn.org

## For questions, contact:

Lily Jaremski (615) 460-0223 Ljaremski@gsmidtn.org

