

GIRL SCOUT SILVER AWARD REPORT FORM



- 1) Please complete this form using a word processing program such as Microsoft Word, or by typing or printing in black ink.
- 2) Make a separate copy for your Girl Scout Silver Award Project Advisor and for your files.
- 3) Mail or hand deliver to Girl Scouts Louisiana East, Attn: Kevin Shipp, 841 S. Clearview Pkwy., New Orleans, LA 70121.

Name:					
Address:					
Phone:		E-Mail:			
School Name:					
Age:	_Grade:	Service Unit:		_Troop#:	
Troop Advisor:				_	
Tr. Adv. Phone:		E-Mail: _			
GS Silver Award P	roject Advisor:				
Project Adv. Phone	e:	E-mail: _			
Questions for Troop Is there at least one interest? Yes	e Girl Scout who is w	villing to speak to the m	nedia on this	award, in the ev	ent there is media
Is the Troop Leade	r willing to speak on	camera as well?	Yes	No	

PROJECT TITLE:
Completion Date:
What Girl Scout Journey did you complete?
2. Completion date of Journey:
3. Answer the following questions below or on a separate sheet of paper.
A. Describe your community focus. What community need did you identify?
B. Did you complete the Silver Award with a small team or individually? If a team was used, describe your team and how you worked together to accomplish the project.
C. Describe your project. Include how you planned it and specific tasks you organized to complete it. Tell why the project matters, who it helps, and your reasons for selecting this project. Describe obstacles you encountered and how you overcame them and how any needed funds for the project were earned.
D. Indicate methods and/or tools utilized to evaluate the effectiveness of your project?
E. List the consultants and resources you used and describe your interaction with them.
F. What was your favorite part of this project.
G. Evaluate your project. What awareness did you raise of an issue within your community and what did you do to educate others as to how they can help combat this issue? How is your project sustainable and how does it show Girl Scouts making a difference? What did you learn? What personal skills do you feel you improved? What did you accomplish? What would you do differently?
Leader/Adviser Signature Your Signature Council Brogger Benertment use only:
Council Program Department use only: Date Final Report received:
Date Award approved:
Program Department Representative: