Girl Scouts of Wisconsin – Badgerland Council, Inc. 800.236.2710

www.qsbadgerland.org



Girl Scout Silver Award Final Report



Please fill out using a word processing program, type, or print in black ink. If you worked as a team for this project, each of you must fill out a separate report. Make copies for your Girl Scout Silver Award Project Advisor and for yourself to keep. Mail to: ATTN: Silver Award, Girl Scouts of Wisconsin-Badgerland Council, Inc, 2710 Ski Lane, Madison, WI 53713.

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Conta	CLI	mior	mation

Name:							
Address:							
		_State:Zip code:					
E-mail:	Phone:						
Age:Grade:	School:	:					
Troop/Group Number:	Troop/Group Volunteer:						
Troop/Group Volunteer's Ph	one: <u>(</u>)	E-mail:					
Girl Scout Silver Award Project Advisor:							
Project Advisor's Organization	n:						
		E-mail:					
Your Team: Did you go solo or Build a Cadette Team? If you worked with a team, please list your team here.							
Team members	Troop Number	Address, City, State, Zip Code					
List the names of other individuals and organizations that worked with you on your Take Action Project.							
Team members	Affiliatio	on Role					

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Prerequisites: One Cadette journey. List the journey that you have completed along with your troop/group volunteer's signature.

1	Fitle of Journey Completed:	Date Completed:	Troop/Group Volunteer's Signature:					
	Take Action Project Project Title:							
St	Start Date:Completion Date:							
Α.	A. Describe your Take Action project and why you selected the project.							
B. What issue did your project address? Who did it benefit?								
C.	Explain your specific leadershi	p role(s) during the p	roject.					
D.	. Outline your strengths, talents	, and skills that you p	ut into action.					

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E.	Describe one challenge you faced during the project and how you over	vercame it.			
F. H	ow will your project continue even after you have finished working o	on the project?			
 ☐ My Silver Award Take Action Project Log totaling approximately 50 hours is attached.* ☐ My budget worksheet is attached.* 					
	nd in Girl Scout Silver Award Packet on page and				
Girl	Signature:	Date:			
Girl	Scout Silver Award Project Advisor:	Date:			
Cou	ncil Representative Approved:	Date:			