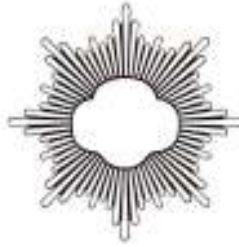


**Girl Scouts – Diamonds of Arkansas, Oklahoma and Texas**

**Girl Scout Silver Award Take Action Project**

**Final Report**

(Use this form for Silver Award Guidelines, 2009)



Type or print clearly using black or blue ink. Make copies for your GS Silver Award advisor, your troop/group advisor and for yourself. Submit original application to Debbie Franks, Program Director, by March 10<sup>th</sup> (in order to receive award during current year) or by September 30<sup>th</sup> after you complete eighth grade...

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Age: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Troop/Group Number: \_\_\_\_\_ Number of Years in Girl Scouts: \_\_\_\_\_

Troop/Group Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Service Unit: \_\_\_\_\_

Take Action Project Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Title of GS Silver Award Take Action Project: \_\_\_\_\_

Type of Project (circle one):      Solo                      Team

Date Original Application Submitted to Council: \_\_\_\_\_

Take Action Project Completion Date: \_\_\_\_\_ Total Hours Spent: \_\_\_\_\_

Date Final Report Submitted to Council: \_\_\_\_\_

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

Team Members	Affiliation	Role

2. Describe the issue your project addressed, what impact you had hoped to make and who benefitted. \_\_\_\_\_

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3. How will your project be sustained beyond your involvement? \_\_\_\_\_

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4. Describe any obstacles you encountered and how you overcame them. \_\_\_\_\_

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5. Describe what you learned from this project, including leadership skills you developed.

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6. What was the most successful aspect of your project? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What aspects would you change or do differently if you were to start over? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. How will you share what you have accomplished? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Your Signature

**RETURN APPLICATION TO:**

**Debbie Franks, Program Director  
GS-DAOT, Jonesboro Regional Service Center  
4803 E. Johnson Ave  
Jonesboro, AR 72401  
Fax: 870-932-2834  
Email: [dfranks@girlscoutsdiamonds.org](mailto:dfranks@girlscoutsdiamonds.org)**

Date submitted to council \_\_\_\_\_

Date received by council \_\_\_\_\_

Follow up \_\_\_\_\_

Response \_\_\_\_\_

Approved by \_\_\_\_\_

Date \_\_\_\_\_