



Girl Scout Silver Award Final Report

Girl Scouts of Nassau County, Inc.

Please fill out using a word processing program, type, or print in black ink. Make copies for your Girl Scout Silver Award Project Advisor and for yourself to keep. Bring original to the shop when purchasing Silver Award pin.

Name: _____

Phone: _____ **Your E-Mail:** _____

Age: _____ **Grade:** _____ **School:** _____

Troop Leader: _____ **Troop #:** _____

CADETTE JOURNEY

Title of Journey Book	Date Completed	Title of Your Take Action Project	Leader's Signature

What issue did you address with your Journey Take Action Project?

Who did you educate/inspire?

GIRL SCOUT SILVER AWARD PROJECT

Title of Silver Award Take Action Project	Start Date	Date Completed

A. Describe the issue your project addressed.

B. Why does this issue matter to you?

C. What impact did your Take Action Project have on your community? How will it go on after your involvement?

D. What did you discover about yourself?

E. How did you live the Girl Scout Promise and Law?

Your signature: _____ **Date:** _____

Girl Scout Silver Award Project Advisor: _____

ACTIONS:	DATE:
Approved by Girl Scout Project Advisor:	
Awarded Girl Scout Silver Award:	