

SILVER AWARD TAKE ACTION FINAL REPORT
 Girl Scout Council of Greater New York
 43 West 23rd Street, 7th Floor New York, NY 10010

This form should be submitted as the first page of your project. Cadette Girl Scouts are eligible to earn the Silver Award until September 30th of the year they enter 9th Grade.

PERSONAL DATA

Girls Name: _____ Phone #: () _____
 Girls e-mail address: _____
 Address: _____ Apt.# _____
 City: _____ Zip: _____
 Age: _____ DOB: _____ Grade: _____ School Name: _____
 Troop/Group #: _____ Meeting Place: _____

 GS since mo/yr: _____ / _____
 Name of Leader/ Advisor: _____
 Leader's E-mail address: _____
 Leader's Phone # (Day): () _____ Leader's Phone # (Eve): () _____
 Leader's Address: _____ Apt. #: _____
 _____ City: _____ Zip: _____

PREREQUISITES

Please provide the one Cadette Journey which you earned. Be sure that your leader signs here, or your project will be sent back for revision.

Journey Book Completed	Date Completed	Troop/Group Volunteer's Signature

TAKE ACTION PROJECT

Project Title: _____ Start Date: __/__/____ Completion Date: __/__/____

Please type the answers to all of the following questions and label them as they are labeled below.

YOUR TEAM

List the names of the individuals and organizations that you worked with on your Take Action Project.

Team Member	Affiliation	Role

- A. Describe the issue your project addressed, what impact you had hoped to make, and who benefited.
- B. What was the root cause of the issue? How did you address it?
- C. How will your project be sustained beyond your involvement?
- D. Explain the national and/or global link to your project.
- E. Describe any obstacles you encountered and what you did to overcome them.
- F. Describe what steps you took to inspire others through sharing your project. (Web site, blog, presentations, posters, videos, articles, and so on).
- G. Describe what you learned from this project including leadership skills you developed. What did you learn about yourself as a result of this project?
- H. What was the most successful aspect of your project?
- I. What aspects of your project would you change or do differently if you could start over.

J. Using the Impact Chart, describe the impact signs your project has had and will have on your community and your target audience. Type out your answers on a separate page.

Impact on...	Goals	Potential Impact
Your Community	What community issue do you to address?	What examples of the project impact might you see in the future?
Target Audience (workshop participants, other youth, community members and so on)	What skills, knowledge, or attitudes will your target audience gain?	How will you know that the target audience gained skills or knowledge?

K. What impact did your project have on your community? The following is a list of the 15 Girl Scout Leadership Outcomes. Which do you think YOU personally developed through this project. Check off all that apply.

Discover

- I developed a stronger sense of self.
- I developed positive values.
- I gained practical life skills.
- I sought challenges in the world.
- I developed critical thinking skills.

Connect

- I developed healthy relationships.
- I promoted cooperation and team building.
- I resolved conflicts.
- I advanced diversity in a multicultural world.
- I feel more connected to my community, locally and globally.

Take Action

- I identified community issues.
- I am a resourceful problem solver.
- I advocated for myself and others, locally and globally.
- I educated and inspired others to act.
- I feel more empowered to make a difference in the world.

A minimum of 50 hours were spent doing this project. Leader initials _____

(Note: a time log is not required)

Girl Signature _____
____/____/_____

Date