

Send your completed form to: customercare@nmgirlscouts.org

Silver Awardee Information

Name	Date Submitted
Address	City/State/Zip
Grade	School
Parent/Guardian email	Phone

Troop #	Service Unit #	Troop Leader's Name
Phone#		Email

Project Advisor	
Project Advisor's Organization	
Project Advisor's Phone	Email

Project Information.

Project Name: _____ **Date Completed:** _____

Project Team

List anyone (first and last name) who will be completing the Silver Award with you/your team:

1.
2.
3.
4.

See the Silver Award Project Guide for team requirements

Donation Information.

If you had money or items donated, please fill out the Gift in Kind/Donation Form for each donor and submit with this Final Report to your Award Liaison.

Take Action Project

Describe the issue your project addressed, what impact you made, and who benefitted:

How did you decide what was needed in the community?

What did you discover about yourself from this experience?

What obstacles came up and how did you solve them?

Describe any steps you took to inspire others through sharing your project:

Describe what you learned from this project and the leadership skills you developed. What did you learn about yourself as a result of this project?

Did you have fun? What was your favorite part of the project?

Girl Signature _____ Date: _____

Leader/Advisor Signature: _____ Date: _____

Project Advisor Signature: _____ Date: _____