

# Girl Scout Silver Award Report Form

Please type or print in black ink. Make a copy for your adviser and for yourself.

## Part I: Personal Data

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

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

Troop/Group #: \_\_\_\_\_ Service Unit #: \_\_\_\_\_

Name of Troop Advisor: \_\_\_\_\_

Phone Number of Troop Advisor \_\_\_\_\_

Street Address of Troop Advisor: \_\_\_\_\_

City, State & Zip Code of Troop Advisor: \_\_\_\_\_

## Part II: Prerequisites

### 1. Girl Scout Silver Leadership Award

#### Part A: Interest Project Awards

Name	Date Completed	Advisor's Signature
1. _____		
2. _____		
3. _____		

#### Part B: STUDIO2B Focus Book uniquely Me! The Real Deal

Date Goals Reached \_\_\_\_\_ Advisor's Signature \_\_\_\_\_

#### Part C: 15 Leadership Hours

Activity	Hours	Date	Advisor's Signature
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			

**2. Girl Scout Silver Career Award**

**Part A: What's Out There**

Date Completed \_\_\_\_\_ Advisor's Signature \_\_\_\_\_

**Part B: Who's Out There**

Date Completed \_\_\_\_\_ Advisor's Signature \_\_\_\_\_

**Part C: Be Your Own Boss/ Your Own Business IPA**

Date Completed \_\_\_\_\_ Advisor's Signature \_\_\_\_\_

**3. Girl Scout Silver 4B's Challenge**

**Part A: Become**

Date Goals Reached \_\_\_\_\_ Advisor's Signature \_\_\_\_\_

**Part B: Belong Studio2B Focus Book Looking In, Reaching Out**

Goals Chosen \_\_\_\_\_

\_\_\_\_\_

Date Goals Reached \_\_\_\_\_ Advisor's Signature \_\_\_\_\_

**Part C: Believe**

Issue Chosen \_\_\_\_\_

Activity \_\_\_\_\_

\_\_\_\_\_

Date Completed \_\_\_\_\_ Advisor's Signature \_\_\_\_\_

**Part D: Build**

Issue: \_\_\_\_\_

Possible Solution 1 \_\_\_\_\_

\_\_\_\_\_

Possible Solution 2 \_\_\_\_\_

\_\_\_\_\_

Possible Solution 3 \_\_\_\_\_

\_\_\_\_\_

Which solution would you chose and why? \_\_\_\_\_

\_\_\_\_\_

Date Completed \_\_\_\_\_ Advisor's Signature \_\_\_\_\_

**Part III: Girl Scout Silver Award Project**

Title of Project: \_\_\_\_\_ Date Completed \_\_\_\_\_

**A: Briefly describe your plan and your reasons for selecting this project.**

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**B: List the skills, talents, and abilities that you put into action.**

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**C: List those people who worked with you on your project and the resources you found to be of most help.**

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**D: Briefly evaluate your project. What did you learn? What did you accomplish? What would you do differently?**

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

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

\_\_\_\_\_  
Date Completed

### Girl Scout Silver Award Project Log

Please type or print in black ink. Make a copy for your advisor and yourself. Use another sheet of paper if needed. **Final reports will not be approved without a log.**

Activity \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Activity \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Activity \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Activity \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Activity \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

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Activity \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Activity \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

**Total hours** \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_