

## **Girl Scout Bronze Award Final Report**

Submit to the Council the original completed form or email to ge@gsdakotahorizons.org within 30 days of project completion. Make copies for yourself and your Girl Scout Bronze Award Project Advisor.

City		State	Zip Code	
Email		Phone		_
AgeGrade		School_		_
Troop/Group Number	Tro	op/Group Vol	unteer	_
Troop/Group Volunteer's	Phone ()	Email		_
Girl Scout Bronze Award	Project Advisor_			_
Project Advisor's Organiz	ation			_
Project Advisor's Phone ()		Email		_
_			at you have completed alor	18
with your troop/group vo	olunteer's signati	ire.		
			Troop/Group Volunteer's Signature	
Junior Jouney Book	Date Comple		Troop/Group Volunteer's Signature	
				_
Junior Jouney Book	Date Comple	eted		u
Junior Jouney Book  Your Team: List the name	Date Comple	eted	Volunteer's Signature	_ u
Junior Jouney Book  Your Team: List the nam on your Take Action projection	Date Comple	eted	Volunteer's Signature	_ - u -

## **Take Action Project** Project Title\_\_\_\_ Start Date\_\_\_\_\_\_Total Hours\_\_\_\_\_ A. Describe your poject. B. Describe the issue your project addressed, what impact you had hoped to make and who benefitted. C. Describe what you discovered about yourself from this experience. D. Explain how your team worked together. E. Define what you did to inspire others to action. F. Convey how you and your team have made the world a better place. G. Explain what you would change or do differently if you could start over.

Project Advisor's Signature\_\_\_\_\_\_Date\_\_\_\_ Approved\_\_\_\_\_ \_\_\_\_Date\_\_\_ Council Representative

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