

## GIRL SCOUT GOLD AWARD FINAL REPORT

Please fill out using a word processing program, or type or print in black ink. Make copies for your Girl Scout Gold Award Project Advisor and for you to keep. SUBMIT ORIGINAL REPORT TO YOUR COUNCIL. Reports written in pencil or illegible will be returned.

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

*(Print your name the way you want it to appear on your Gold Award certificates. Please include your middle initial.)*

Phonetic spelling of your name for the ceremony: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ 9-Digit-Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Troop # \_\_\_\_\_ Service Unit Name: \_\_\_\_\_ Service Unit #: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ School: \_\_\_\_\_

Troop/Group Advisor's Name: \_\_\_\_\_ Troop/Group Number: \_\_\_\_\_

Troop/Group Advisor's Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Girl Scout Gold Award Project Advisor: \_\_\_\_\_

Project Advisor's Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Title of Project: \_\_\_\_\_

List the full name and address of the Site/Organization which benefitted from your Gold Award project:

Site Name \_\_\_\_\_

Full Address: \_\_\_\_\_

### STEP 6: Tracking Project Hours

Date started (month/year): \_\_\_\_/\_\_\_\_ Date Completed (month/year): \_\_\_\_/\_\_\_\_

How many hours did you invest in the project? \_\_\_\_\_ How many hours did your volunteers invest in the project? \_\_\_\_\_

### STEP 7: Reflection and Evaluation

#### A. Briefly summarize your project.

Include the issue your project addressed and the methods you used for meeting the project objectives. Describe the Who, What, When, Where and Why. Please limit your summary to one paragraph.

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**B. Discuss the benefits your project provided to others in the community.**

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**C. Describe how you achieved the seven hours of leadership. How did you work with your team of volunteers?**

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**D. Write a brief summary of the evaluation forms you received from your volunteers, participants and project advisor.**

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**E. What did you learn about yourself as a result of this project?**

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**F. What aspects of your project would you change or do differently?**

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**G. What was the most successful aspect of your project?**

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**H. Attach the following items to the Final Report:**

- 1. Timeline of the 65 project hours
- 2. Final budget
- 3. List of volunteers who assisted you, the dates and hours they volunteered, and their titles/ positions (i.e. teacher, coach, Girl Scout leader, friend, relative, etc.)
- 4. Public Relations form

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

Gold Award Project Advisor's Name (please print): \_\_\_\_\_

Gold Award Project Advisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Gold Award Applicant's racial background is:** *(please check as many as apply)*

African American    American Indian    Asian    Caucasian    Hawaiian or Pacific Islander

Other (please specify: \_\_\_\_\_ )

Applicant's ethnic background is: (please check one)    Hispanic or Latina    Non-Hispanic or Latina

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**FOR COUNCIL USE ONLY**

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DATE RECEIVED BY COUNCIL: \_\_\_\_\_

DATE OF FINAL PRESENTATION: \_\_\_\_\_

DATE APPROVED BY Gold AWARD COMMITTEE: \_\_\_\_\_

COUNCIL REPRESENTATIVE SIGNATURE: \_\_\_\_\_

## GO FOR IT: THE GIRL SCOUT GOLD AWARD PYRAMID

