



Girl Scout Gold Award Final Report

For Girl Scouts of Cahaba Council

Please fill out using Microsoft Word, type, or print in **black ink**. Make copies for your Girl Scout Gold Award Project Advisor and for you to keep. SUBMIT ORIGINAL TO YOUR COUNCIL WITH ORIGINAL SIGNATURES.

Name: _____ Phone: _____

Address: _____ Zip _____

Age: ____ **Grade:** ____ **School:** _____

Your E-mail: _____ **Your cell #** _____

Troop/group advisor: _____ **Troop/group #:** _____

Address _____

Troop/group advisor's phone: () _____ E-Mail: _____

Girl Scout Gold Award Project Advisor: _____

Address _____

Project Advisor's Phone: () _____ E-Mail: _____

Title of Project:

STEP 5: Tracking Project Hours

Date started: _____ Date Completed: _____

STEP 7. Think About It

A. **Describe** your project completely. Include the issue your project addressed and the methods you used for meeting the project objectives.

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

C. **What methods were used** for evaluating the impact of your project.

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

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

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

Your signature: _____ Date: _____
(original)

Girl Scout Gold Award Project Advisor signature: _____
(original)

ACTIONS:

DATE:

Received by Council on	
Final approval given	

Approved: _____ Date: _____

Council Representative _____
4/22/04Rev. GSUSA