

Step 4: Girl Scout Silver 4B's Challenge

Activity	Date Completed	Advisor Signature
1. Become:		
2. Belong: STUDIO 2B Focus Book: <i>Looking In, Reaching Out</i>		
3. Believe Issue: How did you use your voice?		
4. Build: Describe your solution:		

Silver Award Project Plan

Title of Project: _____

Projected Start date: _____ Finish date: _____

A. Briefly describe your plan: _____

B. Discuss your reason for selecting this project.

C. Outline your strengths, talents, and skills that you will need to complete this project.

D. List the consultants and resources you will need to help you with your project.

E. Estimate overall project expenses and how you plan to meet these costs.

Your Signature: _____ Date _____

Project Advisor's Signature _____

 Date Received by Council: _____

Approved by: _____ Date: _____

Council Representative



Girl Scout Silver Award Final Report

Girl Scout Council of Mount Magazine Area

Please fill out using a word processing program or type or print in black ink. Make copies for your Girl Scout Silver Award Project Advisor and one for yourself to keep. **SUBMIT ORIGINAL TO THE COUNCIL OFFICE.**

Name: _____

Address: _____ Zip: _____

Phone: (____) _____ Your E-Mail: _____

Age: _____ Grade: _____ School: _____

Troop/Group Advisor: _____ Troop/Group Number: _____

Troop/Group Advisor's Phone: (____) _____ E-Mail: _____

Girl Scout Silver Award Project Advisor: _____

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

Step 5: Earn the Silver Award

Title of Project: _____

Date Started: _____ Date Completed: _____

Total number of hours for project completion (must be at least 40): _____

Step 6: Think About It

Briefly summarize your project. Include the issue your project addressed and answer these questions: Did you accomplish what you set out to accomplish? Could you have avoided some problems that sprang up? What did you learn about yourself? How did you leave your mark? How can you share what you did?