

## Girl Scout Bronze Award Final Report

Please print or type. Your troop leader/advisor will submit the original forms to: <u>Girl Scouts of Greater Mississippi, Attn: Girl Awards, 1610 25th Ave, Gulfport, MS 39501</u> Reports must submitted to the council by March 15 if your troop would like to participate in the Spring Council Award Ceremony.

### **PERSONAL DATA**

Name:				
(as you would like it to appear on your certificate)				
Address:				
City:	State:	Zip code:		
E-mail:	Phone:			
Age: Grade:	School:			
Troop Number: Troop Leader:				
Troop Leader's Phone: ()E-mail:				

#### YOUR JUNIOR JOURNEY

Junior Journey Book	Date Completed	Troop Leader/Advisor Signature

#### **YOUR TEAM**

List the names of individuals and organizations that worked with you on your Take Action Project.


#### **BRONZE AWARD TAKE ACTION PROJECT**

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

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Hours: \_\_\_\_\_

A. Describe your project. Include what you did; who helped you (including non-Girl Scout community members or organizations); where you did your project; and how the project was successful

B. Briefly evaluate your project:

How did you decide what was needed in your community?

What did you discover about yourself from this experience?

What leadership skills did you use?

What did you do to inspire others to act?

In what way do you feel you and your team have made the world a better place?

How did you live out the Girl Scout Promise and Law?

Your Signature:	Date:
-	
Project Advisor's Signature:	Date:

# **Bronze Award Time Log**

Name:

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

Detail each activity that you do for your Bronze Award Project. Fill out the form each time you complete an activity. You run the risk of inaccuracy if you try to reconstruct your hours at the end of your project. In the last column, have an adult initial next to the hours you logged (The adult that is with you during the activity should be the adult to initial your log). You and your team leader MUST sign the form at the bottom when you are finished.

Date:	Activity Description	Beginning Time:	Ending Time:	Total Time Spent on Activity	Initials of Adult

I have reviewed this Bronze Award Time Log and confirm the completion of the minimum 20 hours.

Your Signature

Date

Team Leader Signature

Date