

girl scouts 
of central illinois



Final Report

List all the non-Girl Scout team members:

Name	Affiliation	Role

I. Prerequisites: List one prerequisite that your troop has completed along with your troop/group volunteer's signature.

Prerequisite	Date Completed	Total Hours to complete	Volunteer Advisor Signature
1.			

II. Girl Scout Bronze Award Take Action Project

This section applies to the Bronze Award project only.

Title of Take Action Project:	
Start Date:	Completion Date:
Bronze Award Project Advisor:	
Project Advisor Phone:	Project Advisor E-mail:

III. Reflection

A. Describe your completed Bronze Award Take Action project.

B. What did you discover about yourself?

C. How did your team work together to complete the Bronze Award Take Action project?

D. Did any problems arise? If so, how did your team solve them?

E. What leadership skills did you use?

F. How did you get to know your community?

G. How did your team inspire others to act?

H. How does your team feel that you have made the world a better place?

I. How did you put the Girl Scout Promise and Law into action during this project?

J. How will your project be sustained/continue after you have completed it?

The Girl Scout Bronze Award Time Log totaling at least 20 hours for each Girl Scout Junior team member is attached.

Girl Signatures

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Troop Group Leader Signature: _____ Date: _____

Bronze Award Project Advisor: _____ Date: _____

