

Girl Scout Bronze Award Report

Girl Scouts of Central & Southern NJ, Inc.

Each Girl Scout Completes and submits to her Leader.

**Personal Information**

Name: Phone Number:

Address:

City: State: Zip:

**Requirement 1: Journey**

Check One:

Agent of Change Get Moving aMuse

**Requirement 2: Bronze Award Project**

Bronze Award Take Action Project Name:

List your Team Members and what role they played in your project:

|  |  |  |
| --- | --- | --- |
| Team Member | Relationship/Organization | Role |
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1. Please describe your project.
2. What were the most successful parts of your project?
3. If you had to do it over, what would you change about your project?
4. How can you turn your project into something sustainable?

Leader Completes: Submission Checklist

\_\_ Responses to all questions

\_\_ Time Log with 20 project hours

\_\_ Additional attachments (flyers, photos, pamphlets, articles, etc)-Optional

|  |  |  |  |
| --- | --- | --- | --- |
| Girl Scouts of Central & Southern NJ, Inc.  Awards Time Log | | | |
| Use this log to record the time spent on planning and executing the project. **A finished time log must be complete with the final report.** When inputting time, always list hour:minute even if you spent less than an hour, please enter 0:30, etc. | | | |
| **Girl Name** | | | |
| **Project Title** | | | |
| **Total Hours** | | | |
| **Date M/D/Y** | **Time Spent (Hour:Minute)** |  | **What I Did** |
| 3/14/13 | 1:25 | | SAMPLE |
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