



Girl Scouts in the Heart of Pennsylvania Silver Award Final Report

Submit Final Report by September 30th or before recipients begin 9th grade.

Please make a copy of this application for yourself, and submit the ORIGINAL to:

Girl Scouts in the Heart of Pennsylvania
Program Department
350 Hale Avenue, Harrisburg, PA 17104

Individual Girl or Troop Leader Information

Name: _____

Address: _____ City: _____ State: _____

Zip: _____ County: _____

Email Address: _____ Telephone: () _____

Troop Information

Troop Number (5 Digit): _____ Community: _____

Troop Leader: _____ Email Address: _____
(if different from above)

Advisor Information (if applicable)

Project Advisor: _____

Email Address: _____ Telephone: () _____

Cadette Level Journey/ Prerequisite

Journey Book Title: _____

Completed Date: ____/____/____

List the names of everyone who participated in this program including the Cadette Girl Scout(s).

Please print the full name of each girl who should be receiving the award plus any parents, mentors, or advisors who helped with this achievement. If you need more room for team member names, please use a separate sheet of paper and attach to the form.

Team Member's Name	Organization/ Affiliation	Title

Take Action Project

Project Title: _____

Start Date: _____ Completion Date: _____

1. Describe your group's Take Action project.

2. Describe the issue your project addressed. Who was your target audience?

3. Discuss your reasons for selecting this project.

4. Outline the strengths, talents, and skills you put into action, include any skills developed through your project.

5. Describe the steps involved in putting your plan into action, including resources, facilities, equipment and any prior approvals needed.

6. Describe the method or tool used to evaluate the impact or success of your project.

7. Describe how your project will be sustained beyond your involvement.

8. Describe how you plan to tell others about your project and what you have learned (website, blog, presentations, posters, videos, articles, etc.).

Your signature:

Date

Troop Leader or Project Advisor Signature (if applicable)

Date

Approved by Membership Associate

Date

To purchase Silver Award Pins please fill out the below information and submit payment with form.

Silver Award Pin(s) Order Form

Name: _____ 5-Digit Troop: # _____

Address: _____

City: _____, State: _____, Zip Code: _____

Number of Pins: _____ @ \$7.50 Each Plus fee for Shipping & Handling

Please make all checks and money orders payable to **GSHPA**

MasterCard, Visa, AmEx, Discover: _____

Expiration Date: _____ CVV Code: _____

Signature: _____

Total amount enclosed: \$ _____



Please Note: Submitting your form without your Membership Associate Approval Signature will delay processing of your paperwork.

Shipping & Handling	
Up to \$10.00	\$4.95
\$10.01 - \$30.00	\$5.95
\$30.01 - \$55.00	\$7.95
\$55.01 - \$80.00	\$9.95
\$80.01 - \$99.00	\$11.95
\$99.01 - \$150.00	\$13.95
\$150.01 - \$200.00	\$16.95
Over \$200.01	\$19.95