



Girl Scouts of Connecticut, Inc.
 Program Department
 20 Washington Avenue
 North Haven, Ct 06473

GIRL SCOUT GOLD AWARD FINAL REPORT

Please fill out using a word processing program, type or print in black ink. Make a copy for yourself. Submit the ORIGINAL to: Program - Gold, Girl Scouts of Connecticut, 20 Washington Avenue, North Haven, CT 06473.

Name: _____ Age _____ Grade _____

Address: _____ City: _____ State _____ Zip: _____

Phone: () _____ Your e-mail: _____

Year of planned Graduation _____ School _____

Troop/group Advisor: _____ Troop/group #: _____

Troop/group Advisor's phone: () _____ E-mail _____

Gold Award Technical/Community Consultant: _____

Technical/Community Consultant's Phone: () _____ E-mail _____

Assigned Gold Award Committee Mentor _____

Title of Project: _____

Date started: _____ **Date completed:** _____

How many hours did you personally invest in your project? _____

How many hours did others volunteer for your project? _____

A. Briefly summarize your project. Include the issue your project addressed and the methods you used for meeting the project objectives.

B. Discuss the benefits your project provided to others in the community.

C. Detail the method used for evaluating the impact of your project.

D. What did you learn about yourself as a result of this project?

E. What aspects of your project would you change or do differently?

F. What was the most successful aspect of your project?

Your signature: _____ **Date:** _____

Gold Award Technical/Community Consultant signature: _____