

*Girl Scouts – Diamonds of Arkansas, Oklahoma and Texas*

**Girl Scout Gold Award Project**

**FINAL REPORT**

(Use this form for “Go For It Gold” requirement packet only)



Type or print clearly using black or blue ink. Make copies for your GS Gold Award advisor, your troop/group advisor and for yourself. Submit original final report to Debbie Franks, Program Director, by **March 10<sup>th</sup>** (in order to receive award during current year) or by September 30<sup>th</sup> after your high school graduation. .

**\*\*If your project was done as a troop/group project, each girl must file an individual application.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Age: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Troop/Group Number: \_\_\_\_\_ Number of Years in Girl Scouts: \_\_\_\_\_

Troop/Group Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Service Unit: \_\_\_\_\_

Project Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Title of GS Gold Award Project: \_\_\_\_\_

Date Original Application Submitted to Council: \_\_\_\_\_

Project Completion Date: \_\_\_\_\_

Date Final Report Submitted to Council: \_\_\_\_\_

**Requirement #1 ~ Organize**

Briefly describe what you did to complete requirement #1: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date completed: \_\_\_\_\_ Advisor's Signature: \_\_\_\_\_

**Requirement #2 ~ Lead**

Which three Interest Project Awards and which Focus Charm did you earn?

IPAs \_\_\_\_\_ Date Completed \_\_\_\_\_  
\_\_\_\_\_ Date Completed \_\_\_\_\_  
\_\_\_\_\_ Date Completed \_\_\_\_\_

Focus Charm \_\_\_\_\_ Date Completed \_\_\_\_\_

What leadership roles did you take on, and how much time did you spend at each?

Leadership Role (s) \_\_\_\_\_ Hours: \_\_\_\_\_  
\_\_\_\_\_ Hours: \_\_\_\_\_  
\_\_\_\_\_ Hours: \_\_\_\_\_  
\_\_\_\_\_ Hours: \_\_\_\_\_  
\_\_\_\_\_ Hours: \_\_\_\_\_

**Total Hours:** \_\_\_\_\_

What did you learn about goal setting and how do you think this will help you in the future?

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**Reflection:**

I demonstrated a real understanding of the Girl Scout Law by applying it to this situation in my life: \_\_\_\_\_

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I learned that a leader needs to be: \_\_\_\_\_

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In earning the Girl Scout Gold Leadership Award, I am very proud of accomplishing: \_\_\_\_\_

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I have shown my personal integrity and honor by: \_\_\_\_\_

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Date Req #2 Completed: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_

### Requirement #3 ~ Network

Briefly describe what you did to earn your Girl Scout Gold Career Award and the amount of time you spent doing so: \_\_\_\_\_

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**Total Hours:** \_\_\_\_\_

How do you think this will help you in the future? \_\_\_\_\_

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Date Req #3 Completed: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_

**Requirement #4 ~ Explore**

**BECOME** Date completed \_\_\_\_\_ Advisor's Signature \_\_\_\_\_

**BELONG** Date completed: \_\_\_\_\_ Advisor's Signature \_\_\_\_\_

**BELIEVE** Date completed \_\_\_\_\_ Advisor's Signature \_\_\_\_\_

**BUILD** Date completed \_\_\_\_\_ Advisor's Signature \_\_\_\_\_

**Requirements #5 & #6 ~ Create & Act**

Briefly describe your project and your reasons for selecting this issue. Include information on the issue your project addressed, what you achieved and who benefited from the project.

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List the skills, talents and abilities that you put into action implementing your project.

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List resource people who worked with you on your project and any other resources you think were helpful.

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What impact do you think your project had on your community?

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Describe the method used for evaluating the impact of your project:

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Do you think your project will continue to affect your community, and if so, how?

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What did you learn about yourself from this project?

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

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What was the most successful aspect of your project?

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**Requirement #7 ~ Reflect**

Did you accomplish what you set out to accomplish? Why, or why not? \_\_\_\_\_

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Could you have avoided some problems that sprang up? How? \_\_\_\_\_

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What did you learn about yourself? \_\_\_\_\_

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How did you leave your mark? \_\_\_\_\_

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How can you share what you did with others? \_\_\_\_\_

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\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Your Signature

**RETURN FINAL REPORT TO:**

**Debbie Franks, Program Director  
GS-DAOT, Jonesboro Regional Service Center  
4803 E. Johnson Ave  
Jonesboro, AR 72401  
Fax: 870-932-2834  
Email: [dfranks@girlscoutsdiamonds.org](mailto:dfranks@girlscoutsdiamonds.org)**

Date submitted to council \_\_\_\_\_

Date received by council \_\_\_\_\_

Follow up \_\_\_\_\_

Response \_\_\_\_\_

Approved by \_\_\_\_\_

Date \_\_\_\_\_