

## Girl Scout Council of the Nation's Capital

## SILVER TREFOIL REPORT FORM

(Deadline is March 15)

Please submit this final report after completing all requirements. This report must be submitted to the Teen Program Specialist by March 15 for the girl to be recognized at the council's recognition ceremony that spring. **Please type or print legibly in black ink.**

Please send to: [scastellano@gscnc.org](mailto:scastellano@gscnc.org) or

**Teen Program Specialist  
GSCNC  
4301 Connecticut Ave. NW  
Washington, DC 20008**

Assn #	SU #	Troop #	Program Level	
Applicant's Name			Girl Scout ID #	
Address				
City		State	Zip	
Phone		Email		
Birth date	Age	Grade	Class of	

My personal goals and reasons for earning this award are:

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- ☐ I have reevaluated this goal as I bridged to the Senior level.
- ☐ I have reevaluated this goal as I bridged to the Ambassador level.

### **GIRL SCOUT COMMUNITY SERVICE CATEGORY**

<b>Month / Year of Service</b>	<b># of hours</b>	<b>Brief explanation of service</b>

**What did you learn about the Girl Scout Community through your service in this category?**

**The Girl Scout Law asks us to be a sister to every Girl Scout. How did you accomplish this through your service in this category?**

### **NATIONAL SERVICE CATEGORY**

<b>Month/Year of Service</b>	<b># of hours</b>	<b>Brief explanation of service</b>

**What did you learn about national needs through your service in this category?**

The Girl Scout Law asks us to respect authority, respect myself and others, and use resources wisely. How did you accomplish this through your service in this category?

### GLOBAL SERVICE CATEGORY

Month/Year of Service	# of hours	Brief explanation of service

What did you learn about the Global Community through your service in this category?

The Girl Scout Law asks us to make the world a better place. How did you accomplish this through your service in this category?

### REFLECTION

What was your most meaningful service experience? Why?

\_\_\_\_\_  
Signature of Silver Trefoil Recipient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Teen Advisor (Troop Advisor)

\_\_\_\_\_  
Date

Date sent to GSCNC \_\_\_\_\_

☐ I have kept a copy for my records