

Application for Troop Money-Earning Project

It is very important that you review the "money earning" section of Volunteer Essentials prior to filling out this application.

Applications will be reviewed by Rebecca Wagner, Director of Life Skills, Homeschool Recruitment, Trips, & Travel (rwagner@gsle.org) and Madeleine Smith, Chief Development Officer (msmith@gsle.org).

| Troop # | Troop Level | Community # | Proposed Project Date | |
|-----------|--|--|------------------------------------|-------------------------|
| | s: Allow at least one month for the appro | | | |
| 1. | A Troop Budget/Finance Report must be submitted prior to completing this application for each troop money-earning project (not required for recycling projects and Girl Scouts Louisiana East Cookie and Fall Product activities). | | | |
| 2. | Submit to your Troop Support Specialis | st. | | |
| 3. | A troop money-earning project will not guidelines or it is scheduled during Co | be approved if it does not fol uncil Product Sales. | llow Safety Activity Checkpoints a | nd Volunteer Essentials |
| 4. | Do not proceed with the project until yo | ou have received notification | of approval. | |
| Troop L | eader's Name | | | |
| Address | , City, State, Zip | | | |
| Phone | | | | |
| İ | Home XXX-XXX-XXXX | Work XXX-XXX-XXXX | Cell XXX-XXX- | XXXX |
| Project | location: | | | |
| Describ | e project: | | | |
| | | | | |
| Detail h | ow the proceeds from this money-earnir | ng project will be used: | | |
| Will any | of the proceeds support the Annual Far | mily Giving Campaign: Ye | s No | |
| Does yo | our troop actively participate in the Annu | al Family Giving Campaign: | Yes No | |
| Has you | ur troop actively participated in at least o | ne product program in the la | st 12 months: Yes N | lo |
| • | to abide by all of the applicable standard of the USA, current edition for troop mor | | | • |
| Troop Le | eader's Signature | | Date | |
| Girl Men | nber Signature | | Date | |
| Commur | nity Administrator or Troop Support Specialist | | Date | |
| Authorize | ed Council Signature | | Date | |
| For Cou | uncil Use | | | |
| Approve | | . Reason: | | Date: |