girl scouts
louisiana east

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, Girl Experience Manager (rwagner@gsle.org) and Madeleine Briscoe, Chief Development Officer (mbriscoe@gsle.org).

Troop # _____ Troop Level _____ Community # _____ Proposed Project Date _____

Process: *Allow at least one month for the approval process*.

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 Specialist.
3. A troop money-earning project will not be approved if it does not follow *Safety Activity Checkpoints* and *Volunteer Essentials* guidelines or it is scheduled during Council Product Sales.
4. Do not proceed with the project until you have received notification of approval.

Troop Leader's Name _____

Address, City, State, Zip _____

Phone _____ _____ _____
Home XXX-XXX-XXXX Work XXX-XXX-XXXX Cell XXX-XXX-XXXX

Project location: _____

Describe project:

Describe program value or program links of the project (badges?) Use additional page if necessary:

Detail how the proceeds from this money-earning project will be used:

Will any of the proceeds support the Forever Girls Scouts Annual Campaign: ☐ Yes ☐ No

Does your troop actively participate in the Forever Girl Scouts Annual Campaign: ☐ Yes ☐ No

Has your troop actively participated in at least one product program in the last 12 months: ☐ Yes ☐ No

I agree to abide by all of the applicable standards and Guidelines from *Safety Activity Checkpoints* and *Volunteer Essentials*, Girl Scouts of the USA, current edition for troop money earning projects as well as Girl Scouts Louisiana East Standards and Policies.

_____ _____
Troop Leader's Signature Date

_____ _____
Girl Member Signature Date

_____ _____
Community Administrator or Troop Support Specialist Date

_____ _____
Authorized Council Signature Date

For Council Use

Approves Does not approve this project. Reason: Date: