

GIRL SCOUTS - FOOTHILLS COUNCIL, INC.

TROOP MONEY EARNING PROJECT APPLICATION

Association # _____ Unit # _____ Troop # _____ Level _____ Girls # _____

1. We have participated in the following:

Cookie Sale Program Activities _____
Magazine/Nut & Candy Program _____
Calendar Sale _____

2. This is our _____ 1st _____ 2nd _____ 3rd request for a fundraising project.

3. We need this fundraiser to support the following special activity:

Activity: _____

Date: _____

If activity involves a trip, has council approval been obtained?

_____ Yes _____ No

4. The amount of money needed for this activity is: \$ _____.

5. Our fundraising project will be:

Project: _____

Place: _____

Date: _____ Time: _____

6. I have reviewed the GUIDELINES FOR MONEY EARNING PROJECTS BY GIRL SCOUTS

Signature, Leader or Treasurer _____

Address _____

Phone _____ Date _____

7. Signature of Membership Specialist:

_____ Date _____

8. Signature of Manager of Membership, Program, and Volunteer Development:

_____ Date _____

Mail application to: **Girl Scouts - Foothills Council, Inc., 33 Jewett Place, Utica, NY 13501**

315-733-2391 FAX 315-733-1909

A confirmation or denial will be sent to you.