

Troop/Group Money Earning Application

NOTE: All money-earning activities must be conducted in accordance with Girl Scouts of the USA and the Girl Scouts of Greater New York's policies, standards, and procedures.

Please complete this application and send to your Volunteer Support Specialist or Volunteer Support Manager.

Troop #: _____ Grade Level: _____ Service Unit: _____

Purpose for which money earning activity is being undertaken:

TOTAL COST OF THIS PROGRAM: \$ _____

How does this money-earning activity reflect the learning goals of the Girl Scout program?

Date of money-earning activity: _____

Place: _____

Expense of activity: _____

Anticipated profit: _____

Rebate troop/group received from Cookie Program: _____

Rebate troop/group received from Fall Product Program: _____

Has the troop/group conducted other money-earning activities this year: YES NO

If yes, please provide date: _____

Type of activity: _____

Amount earned: _____

Have the parents been informed of the possibility of this money-earning activity: YES NO

NOTE: In order for a troop/group to receive approval for a money-earning activity, the troop MUST participate in the Annual Cookie Program and Fall Product Program.

Leader's Signature: _____ Date: _____

FOR COUNCIL USE ONLY:

Money earning activity approved: YES NO

If not approved, why?

Volunteer Support Mgr. Signature: _____ Date: _____

Product Program Department: _____ Date: _____

(verification of participation in Cookie and Fall Product Program)



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