



TROOP MONEY EARNING APPLICATION

Girl Scouts of Nassau County, Inc.
110 Ring Road West
Garden City, New York 11530-3296
Telephone (516) 741-2550
Fax (516) 741-2207
www.gsnc.org

Instructions:

1. Complete this application and submit it to your Association Service Team for approval. The Association should receive this application at least six (6) weeks before the money earning project begins. **Do not send your application directly to Program Department at Girl Scouts of Nassau County.**
2. When approved by the Service Team, the Association will forward the application to the Program Department for further action.
3. The Program Department will return a copy of your approved application and a Troop Money Earning Evaluation form. The evaluation form must be returned within two (2) weeks after completion of the project. An original evaluation will be filed at the Service Center and a copy will be returned to the Association for their files. Troops who fail to return the evaluation will not receive an approval to do another troop money earning project.
4. Check pages 74 and 75 in *Safety-Wise* and page 6 in *Policies, Standards & Guidelines*. All troop money earning projects must comply with these resources.

ASSOCIATION: _____

TROOP #: _____ **# of GIRLS:** _____ **PROGRAM LEVEL:** _____

Leader's Name: _____ **Telephone:** _____

Address: _____
STREET TOWN ZIP

1. *Date and place of planned troop money earning project:* _____

2. *How do you propose to earn the money?* _____

3. *For what specific purpose will these funds be used?* _____

4. *What program benefits will girls receive from this project?* _____

- over -

The following information must be completed before submission of this form to the Association Service Team

Present Troop Treasury		Expenses (i.e., cost of product, site rental, postage, etc.)	
Balance \$ _____			
Anticipated Income	_____		\$ _____
Fall Products Program \$ _____	_____		_____
Calendar Sale \$ _____	_____		_____
Cookie Program \$ _____	_____		_____
Weekly Troop Dues \$ _____	_____		_____
	Anticipated Income from Troop Money Earning Project		\$ _____

The Summary of Troop Finances and Detailed Cash Record Sheet is on file with the Service Team as of June 30, _____. Troop money earning project will not be approved without this information.

FOR SERVICE TEAM USE

The Service Team has verified that the troop is registered and is aware of and will follow *Girl Scouts of Nassau County, Inc. Policies, Standards & Guidelines* (page 6) and *SafetyWise*, GSUSA (page 74 and 75).

Troop # _____ request for a troop money earning project on _____
has been **APPROVED** on _____.
Date

Form forwarded to Program Dept. at Girl Scouts of Nassau County on (date) _____

Signature of Service Team Member: _____
Title Date

FOR SERVICE CENTER USE

Application received on _____ By: (Initials) _____

Troop Money Earning Evaluation Form:

Sent on: _____

Returned on: _____