



# Supplementary Troop/Group Money Earning Event Application

**Girl Scouts of the Appalachian Council, Inc.**  
1100 Woodland Avenue / P.O. Box 3100 CRS  
Johnson City, TN 37602-3100  
(423) 929-8185 . 1-800-428-3991 . Fax (423) 929-8117  
email – info@girlscoutsappalachian.org

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Troop/Group #	Service Unit #	Program Level	# Girls in Troop
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Leader: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Date of this application: \_\_\_\_\_ Date of proposed project: \_\_\_\_\_

Did girls share in planning?  Yes  No

Troops/Groups, except for Daisy Girl Scouts, may earn money to fund troop/group activities in the following ways: Girl Scout Calendar Program, Girl Scout Cookie Sale, a supplemental money-earning plan may be implemented only after participation in the cookie program and the troop's/group's application for such a plan has been approved by the Council.

For what purpose is the money being earned? \_\_\_\_\_

What type of money earning event are you planning? \_\_\_\_\_

When do you plan to have it? (Be sure this date does not coincide with the Council product sales, the United Way/Community Chest drives, Individual Giving or Council campaign time.) \_\_\_\_\_

How many girls in the troop/group sold calendars? \_\_\_\_\_ Cookies? \_\_\_\_\_

Name of bank where troop has an account: \_\_\_\_\_ Account #: \_\_\_\_\_

(OVER)

Show the budget your troop/group has planned. Include all receipts expected: Calendar and cookie proceeds, dues, amount anticipated from the money-earning event and the amount each girl is providing.

EXPECTED INCOME

EXPENSES

Dues \$ \_\_\_\_\_  
 Calendar Sale \$ \_\_\_\_\_  
 Cookie Sale \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_  
(if needed)  
 Fees or Admission \$ \_\_\_\_\_  
 Lodging \$ \_\_\_\_\_  
 Food \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
 TOTAL NEEDED: \$ \_\_\_\_\_

Total Amount Needed  
 Expected Income  
 Needed From Money Earning Event

\$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

\_\_\_\_\_  
 Troop/Group Treasurer

\_\_\_\_\_  
 Troop/Group Leader

- YES NO** Do you have the support of the troop/group and parents for the event?  
**YES NO** Have you completed a budget?  
**YES NO** Have you received approval for the event or trip for which you are earning money?  
**YES NO** Does the project meet the standards set in *Safety-Wise* and the Policies and Procedures section of your Leader Resource Notebook for money earning projects?

\_\_\_ Approved  
 \_\_\_ Approved with these adjustments: \_\_\_\_\_

\_\_\_ Not approved because: \_\_\_\_\_

\_\_\_\_\_  
 Service Unit Manger Date

\_\_\_ Approved  
 \_\_\_ Approved with these adjustments: \_\_\_\_\_

\_\_\_ Not approved because: \_\_\_\_\_

\_\_\_\_\_  
 Fund Development Director Date