Girl Scouts Heart of Michigan
TROOP MONEY EARNING APPLICATION

This form is to be used to apply to conduct any troop money-earning activity except those involving council sponsored product programs (Girl Scout cookies, magazines, nuts and candy). Girl Scout Brownie and older troops **must participate in both council-sponsored product programs (cookies and QSP/nuts)** before approval will be given for any additional money earning activity, unless it has not yet been held. Please check the *Safety Activity Check Points* and the *Source* for additional information. Submit completed form to your Area Manager (Service Team Coordinator) for endorsement at least one month prior to the planned money earning activity. Area manager will refer to membership specialist for approval. Permission for all troop money-earning projects must be secured prior to securing any other permits.

Troop Number _____ Area (Service Unit) Name/Number _____

Check troop Girl Scout grade level: ❑ Brownie ❑ Junior ❑ Cadette ❑ Senior ❑ Ambassador

Leader Name _____ E-mail _____

Address _____City _____ State ____ Zip _____

Phone Number Day (_____)_____ Evening (_____)_____

Reason for money earning activity _____

Has the troop participated in Council sponsored product programs:
Nut/Calendar/QSP: (circle one) Yes No Not yet held
Girl Scout Cookies: (circle one) Yes No Not yet held

Please describe the planned money-earning activity _____

_____

Date (May not be held during United Way Campaign or regional product sale program) _____

Location _____ Income expected $_____

Number of girls in troop _____ Approximate # of girls participating in money earning activity _____

AGREEMENT:
I am aware of GSHOM and GSUSA money-earning polices and standards found in *Safety-Wise* and the *Source* and agree to follow all appropriate policies and standards.

Signature of Troop Leader/Adviser_____Date:_____

For Area Manager and Membership Specialist Use
❑ Endorsed & referred to membership specialist ❑ Not Endorsed & referred to membership specialist

Comments: _____
Area Manager (Service Team Coordinator) Signature _____ Date _____

Membership Specialist Date Application Received _____ Date Leader informed of status _____
❑ Approved ❑ Not Approved Membership Spec Signature _____