



Girl Scouts of Shagbark Council  
 4102 S Water Tower Place  
 888-317-6353 or 618-242-5079  
 \*www.shagbark.org

**APPLICATION FOR FINANCIAL SPONSORSHIP/ACCEPTANCE**

A financial sponsorship is an arrangement between a troop/group and a business entity or individual where the troop/group derives some benefit. Examples would include financial support or the provision of a meeting space. *Girl Scout groups may only receive Financial Sponsorships totaling \$250 per year.* The primary purpose of this form is to ensure that requests for funding are not being made by multiple troops/groups and/or the Council at the same time.

1. Read the Council's Fund Development Guidelines, Standard 32 of *Safety-Wise* and pages 24-25 of the *Blue Book of Basic Documents*.
2. Fill out this form and send to the Fund Development department at the Council office. Incomplete forms will be returned.
3. **DO NOT** proceed with the request until you have received a copy of the application marked "approved". You will be notified no more than 14 days after receipt of your application.
4. Sponsorship checks will be mailed to the group/service unit within 30 days.

Troop/Group # \_\_\_\_\_ Service Unit \_\_\_\_\_

**This sponsorship is for:** Provide a brief explanation of why funding is needed and how the funds will be used:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sponsorship is for a (*Check One*) 1. Troop/group  2. Service Unit

**Age Level:** Daisy  Brownie  Junior  Cadette  Senior  Ambassador

Troop/Group Leader's Name: \_\_\_\_\_

Troop/Group Leader's Address: \_\_\_\_\_

Street City State Zip

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Has your troop/group participated in both of the previous Council sponsored product sales? Yes  No

Over

Has your troop/group been approved to conduct any additional money-earning projects? Yes  No  *If you answered yes please provide brief details.*

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Sponsor Name: \_\_\_\_\_ Sponsorship Amount: \$ \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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Please fill in the following budget information detailing how the requested funds will be used, providing details (example - 10 girls @ 25.00 each = \$250.00). Attach additional sheets as necessary.

<u>Expense Items</u>	<u>Amount</u>
Program/Activity Fees _____	_____
_____	_____
_____	_____
Food & Beverage _____	_____
_____	_____
_____	_____
Transportation _____	_____
_____	_____
_____	_____
Recognitions _____	_____
_____	_____
_____	_____
Supplies _____	_____
_____	_____
_____	_____
Other _____	_____
_____	_____
_____	_____
<b><u>Total Expenses</u></b>	_____