



SUD: Please send this form to: The Girl Scouts of Shagbark Council Service Center, 4102 S. Water Tower Place, Mt. Vernon IL 62864.
 PHONE: 618/242-5079. 888/317-6353 FAX: 618/242-5191

**Girl Scouts of Shagbark Council
Troop Money Earning Application**

Troops/Individual girl members may apply for additional money-earning projects to fund troop activities if the troop has participated in **BOTH** the Fall Product Sale and the Spring Cookie sale. All troop money earning activities **MUST** be approved by **both** the Service Unit and the Council Service Center **at least 30 days prior** to the proposed start date of the project. **DO NOT** proceed with the project until the Group Leader has received a copy of the application marked "approved". Troops will be granted the approval to carry out additional money earning activities based upon participation in both council sponsored product sale program events, the nature of the planned activity or trip, and troop financial need. Please complete the budget on the back of this form for the program activity or trip. All Shagbark Council Policies and Standards must be met. Money earning activities **cannot** be done during United Way/United Fund blackout period (September 1 through November 30).

Troop/Group Number

Troop Leader's Name (or Individual Girl Name)

Telephone Number

Co or Assistant Leader's Name

Telephone Number

Street Address

City State Zip Code E-mail Address

Age Level _____

Date Troop/Group/Individual was registered in
 Current year: _____ Last year: _____

Did the Troop/Group/Individual participate in:
 Fall Product Sale Spring Girl Scout Cookie Sale
 (Please Circle all fundraisers in which your troop/group/individual has participated.)

Money Earning Activity Planned _____
 Dates Activity will run _____

What is the program activity or trip the additional funds are needed for: _____

Estimated total cost of program activity or trip _____
 Estimated date that the program activity or trip will take place _____
 Have you received Girl Scout financial assistance before? Yes _____ No _____

For Service Unit Director's and Council Service Center Use Only

Approve _____ Deny _____ Conditional Approval _____
 Reason for Conditional Approval _____

SUD Signature _____ Date _____

Council Signature _____ Date _____