

Girl Scouts of NOARK Council  
**MONEY EARNING PROJECT APPLICATION FOR TROOPS**  
*Form Expires September 1, 2008*

- Review GSUSA and Girl Scouts of NOARK Council policies on money-earning project.
- Application must be made 4 (four) weeks in advance of proposed project.
- Attach:
  - Current troop budget
  - Copy of the troop's most recent Financial Report
  - Copy of the troop/group's last bank statement
- Send to Girl Scouts of NOARK Council, 2080 E. Joyce Blvd., Fayetteville, AR 72703 (fax-479-695-1824)

Date of Application:	Troop #:	Service Unit:
Leader's Name:		Troop Age Level: <input type="checkbox"/> Juniors <input type="checkbox"/> Older Girls
Address:		City: Zip:
Phone #: (    )	Best Time to Call:	Email:
Date of last money-earning project:		Last project we raised: \$
Did the troop participate in the last cookie program? <input type="checkbox"/> yes <input type="checkbox"/> no		Troop profit: \$
Proposed money-earning project:		
Proposed project date:	Location:	Goal hoped to reach: \$
How will the troop use the money-earning project funds?		
Will the troop solicit sponsors/donations to help fund the project? <input type="checkbox"/> yes <input type="checkbox"/> no		
<u>Name of potential sponsors</u>	<u>Type of donation sought</u>	
_____	_____	
_____	_____	
_____	_____	
<input type="checkbox"/> We have read "Program Standards for Money-Earning Troop Financing" in <i>Safety-Wise</i> . <input type="checkbox"/> All participating girls and adults are registered members of the Girl Scout of NOARK Council. <input type="checkbox"/> Permission slips have been signed by all parents/guardians. <input type="checkbox"/> Safety standards have been discussed with girls.		
<i>The troop will adhere to all standards and policies as specified in the <u>Green Guide</u> and <u>Safety-Wise</u>.</i>		
Troop Leader's signature: _____		Date: _____
<input type="checkbox"/> The Girl Scouts of NOARK Council grants permission to conduct this money-earning project. <input type="checkbox"/> The Girl Scouts of NOARK Council does not grant permissions to conduct this money earning project for the following reason(s): _____		
Director of Membership Services _____		Date: _____