



# Money Earning Application

Submit to the Mobile or Montgomery Service Center for approval at least four weeks before proposed money-earning activity. Refer to *Volunteer Essentials* and *Safety Activity Checkpoints* for money-earning activity policies and guidelines. Notification of approval/disapproval will be sent two weeks prior to scheduled activity.

## Troop Information

Leader Name \_\_\_\_\_ Troop # \_\_\_\_\_ Service Unit \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Telephone: Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Grade Level  Daisy  Brownie  Junior  Cadette  Senior  Ambassador

## Activity Information

Proposed Money-Earning Activity \_\_\_\_\_  
 Location \_\_\_\_\_  
 Date \_\_\_\_\_ Expected Income \$ \_\_\_\_\_ Total Activity Budget \$ \_\_\_\_\_  
 Approximate # of registered members participating Girls \_\_\_\_\_ Adults \_\_\_\_\_  
 How will this activity be a part of your troop/group program and carry out the aims and principles of Girl Scouting?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Activity for which money will be used \_\_\_\_\_  
 \_\_\_\_\_

## Other Income Sources

If troop money-earning activity proposed income does not meet total activity budget, please list other sources of income (girl contribution, cookie sales, etc.)

Source _____	Amount \$ _____
Source _____	Amount \$ _____
Source _____	Amount \$ _____

Please email this form to [aschneider@girlscoutssa.org](mailto:aschneider@girlscoutssa.org) or fax to 334.272.6574

OFFICE USE ONLY      Date Rec'd Stamp \_\_\_\_\_  
 -----  
 Approved       Yes       No       Advancement Director Signature \_\_\_\_\_

# Money-Earning Activity Report

Submit to the Mobile or Montgomery Service Center **within 14 days** of completing money-earning activity.

## Troop Information

Leader Name: \_\_\_\_\_ Troop # \_\_\_\_\_ Service Unit \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Telephone: Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Grade Level  Daisy  Brownie  Junior  Cadette  Senior  Ambassador

## Activity Information

Money-Earning Activity \_\_\_\_\_  
 Location \_\_\_\_\_  
 Date \_\_\_\_\_

Income from project	\$ _____
Expense of project	\$ _____
<b>Net profit to troop/group</b>	<b>\$ _____</b>

## Comment Briefly on the Following:

Number of participants                      Girls \_\_\_\_\_                      Adults \_\_\_\_\_  
 Did the troop consider the project a success?                       Yes                       No  
 Why or why not? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Was money used as planned?                       Yes                       No  
 If not, please state how it will be used and when \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List helpful hints that other troops could use (materials, resources, personal contacts, place, freebies, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Mobile Service Center  
3483 Springhill Ave., Mobile, AL 36608

Montgomery Service Center  
145 Coliseum Blvd., Montgomery, AL 36109

please email to [aschneider@girlscoutssa.org](mailto:aschneider@girlscoutssa.org) or fax to 334.272.6574