



girl scouts

heart of new jersey

www.gshnj.org

Troop/Group Money-Earner Activities

Consult Council policies and Volunteer Essentials for fundraising guidelines. Attach and submit a copy of your event flyer with this application. This application must be submitted to your local service center one month prior to your proposed project. Note: Council requires participation in the two most recent product program sales as well as an active bank account on file at Council to be eligible for troop/group money earning activities.

Service Unit #/ Name _____ Troop/Group # _____ Level (circle one) D B J C S A

Volunteer/Leader Name _____ Position _____

Email _____ Phone _____

Address & Apt. _____ City _____ Zip _____

Event Date _____ Amount to be Raised \$ _____

Description of Money Earner _____

Reason for Money Earner _____

Leader Signature _____

Date _____

Troop/Group Money Earner Approval

Troop/Group: Registered in current Girl Scout year:

Troop/Group: Participated in Council's most recent: ☐ nut/candy product program sale ☐ cookie product program sale

Service Unit or Troop: ☐ Bank account information card on file

☐ Money Earner **approved** as written

☐ Money Earner **approved with the following changes** _____

☐ Money Earner **denied** because _____

Field Executive _____

Date _____