

# Money Earning Application



Girl Scouts of NE Kansas & NW Missouri  
8383 Blue Parkway, KC, MO 64133  
(816) 358-8750 Fax (816) 358-5714  
[www.girlscoutsksmo.org](http://www.girlscoutsksmo.org)

Submit form 4-6 weeks in advance to obtain approval for the project. Note: The previous year's Troop Finance Report needs to be on file in order for this project to be approved (Junior troops and above must take part in the annual cookie sale as part of any money earning project).

Service Unit \_\_\_\_\_ Troop \_\_\_\_\_  
Age Level (Check one)  Brownie  Junior  11-12  13-15  16-17

Leader's Name _____			
Address _____			
Street	City	State	Zip
E-Mail _____			
Telephone (____) _____	(____) _____	(____) _____	
Day	Evening	Cell	

Estimated or actual income – list sources and amounts:

Council Cookie Sale	\$ _____	Troop Dues	\$ _____
MSR Sale	\$ _____	Other _____	\$ _____

Money earning goal \$ \_\_\_\_\_ Amount in troop treasury \$ \_\_\_\_\_

How will money be used? \_\_\_\_\_

Previous money earning projects \_\_\_\_\_

Describe money earning project \_\_\_\_\_

Project location \_\_\_\_\_

Beginning and ending date(s) of money earning project \_\_\_\_\_

Number of participants girls \_\_\_\_\_ adults \_\_\_\_\_

I have read and agree to adhere to the related GSUSA standards, guidelines, and safety checkpoints in *Safety-Wise* and will follow Mid-Continent Council policies, standards, and procedures. I understand that parents/guardians **must** give written permission for their child to participate.

Leader \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
Position

**Return to Council Representative**