







<b>CHECK TYPE OF APPLICATION:</b> Troop <input type="checkbox"/> Service Unit <input type="checkbox"/> Group <input type="checkbox"/>	
PoLP <input type="checkbox"/> od <input type="checkbox"/>	
oddKPo <input type="checkbox"/>	PoLP CP <input type="checkbox"/>
oCNPo CP <input type="checkbox"/>	C <input type="checkbox"/>
PCNPo NNoPpp <input type="checkbox"/>	mCrP <input type="checkbox"/>
C <input type="checkbox"/>	P <input type="checkbox"/>
KPo <input type="checkbox"/> NoPod <input type="checkbox"/>	
NrPopCpPP <input type="checkbox"/>	Pp <input type="checkbox"/> od <input type="checkbox"/> Ud <input type="checkbox"/> PCpP <input type="checkbox"/> PC <input type="checkbox"/> d <input type="checkbox"/>
oCNPoPoPCPrPCNrCNPdUdrpCLm <input type="checkbox"/> Yes	No <input type="checkbox"/> pWCoVPdUWPExPbr <input type="checkbox"/> Yes <input type="checkbox"/>
CpPbdxP <input type="checkbox"/>	No <input type="checkbox"/>
CaPdUxPvNs <input type="checkbox"/>	ac : <input type="checkbox"/> WdbP: <input type="checkbox"/>
-PrabpW <input type="checkbox"/> odd <input type="checkbox"/>	dalrPNNoPpp <input type="checkbox"/>
brWPrBNCo <input type="checkbox"/>	<input type="checkbox"/> Daisy <input type="checkbox"/> Brownie <input type="checkbox"/> Junior <input type="checkbox"/> Cadette <input type="checkbox"/> Senior <input type="checkbox"/> Ambassador <input type="checkbox"/> Oodd <input type="checkbox"/> xP <input type="checkbox"/> dU <input type="checkbox"/> Cp <input type="checkbox"/> Ud <input type="checkbox"/> rKPo <input type="checkbox"/> Pr <input type="checkbox"/> dU <input type="checkbox"/> W <input type="checkbox"/> dVoCa <input type="checkbox"/> Co <input type="checkbox"/>
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PrCpWpPpPPNPNDdoEbCxPpCpPNECrPCrPUo	
dLrPNLdaPodaWp	
OdrC IPoAN dUAPbbPN <input type="checkbox"/> oCpP <input type="checkbox"/> rWPpNsPN <input type="checkbox"/> UsbNpUdoWPtoCo <input type="checkbox"/> oCpdbdUWPpPnsPpr <input type="checkbox"/> ro daadbWCo <input type="checkbox"/> WodsVW <input type="checkbox"/>	
<input type="checkbox"/> OdrCadsbr <input type="checkbox"/> PPNP <input type="checkbox"/> Oodd <input type="checkbox"/> <input type="checkbox"/> OdrCbNpEsooPbr <input type="checkbox"/> CxCk <input type="checkbox"/> \$ <input type="checkbox"/> OdrCadsbrdUNPU <input type="checkbox"/> \$ PspP <input type="checkbox"/>	PpPpPbPobVrPpCpPdrWPo CxPbsPpsW/CxPpPPLsoPppNPdsbNp 1. 2. 3. 7WCrPoLPbrCVPdUbsNpCoPbrEdbroEsrP
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CaP <input type="checkbox"/> dU <input type="checkbox"/> Pbr <input type="checkbox"/> CbN <input type="checkbox"/> oozCpW_P <input type="checkbox"/> WdICL <input type="checkbox"/> .WdloP <input type="checkbox"/> do_v <input type="checkbox"/> dr <input type="checkbox"/> %Po <input type="checkbox"/> oP <input type="checkbox"/> WdICL <input type="checkbox"/>	
saKPoUWpCorECrEV <input type="checkbox"/> dyb <input type="checkbox"/> bdo <input type="checkbox"/> NPrrP <input type="checkbox"/> Pbo <input type="checkbox"/> KCppCndo	

**EVENT SUPERVISOR'S SIGNATURE(S) - If someone other than Troop Leader**

**I am aware that Girl Scouts must be supervised by a registered adult at all times during the event.**

\_\_\_\_\_  
**Signature of Adult / Mentor in charge of event/activity**

\_\_\_\_\_  
**Date**

**TROOP LEADER SIGNATURE**

**Our troop/group (please circle) has/will participate in a product program this Girl Scout membership year. If not, please explain:**  Yes  No

**By submitting this form, I agree that the above and below statements are true, that I have read and agree to adhere to the GSUSA and GSHH policies regarding troop money earning activities and safety as stated in *Volunteer Essentials* and *GSUSA Safety Activity Checkpoints*, and this application. I have reviewed the Policies concerning troop money earning and agree to adhere to them. I have reviewed this form and understand my (our) responsibilities. I am aware that Girl Scouts must be supervised by a registered adult at all times.**

Signature of Leader:

Date:

**SERVICE UNIT MANAGER APPROVALS**

**THIS MONEY EARNING APPLICATION MUST BE SIGNED BY THE SERVICE UNIT MANAGER**

As the Service Unit Manager, GSHH is asking you to verify that the Troop requesting your approval for this Money Earning Application actively participated in the following campaigns and requirements. Active participation means that at least 50% of the girls in a troop participated in product sales and cookies sales. And, that troop leaders speak directly to parents about the importance of the Family Giving campaign. Check with your Service Unit Chairs or Treasurer, as needed, to verify this information.

Did the troop actively participate in the last FALL Product sales program.

Yes  No

Did the troop actively participate in the last COOKIE Sale program.

Yes  No

Did the troop actively participate in the previous Annual Giving campaign - previous school year.

Yes  No

Did the troop submit to you the last due Troop Finance Report.

Yes  No

\_\_\_\_\_  
**Signature of Service Unit Manager (or designee)**

\_\_\_\_\_  
**Date**

**GSHH - COUNCIL APPROVALS**

**If projected income is \$500 or greater, Council Chief Philanthropy Officer approval is required.**

Council Staff / Troop & Community Engagement Specialist \_\_\_\_\_ Date \_\_\_\_\_

Signature of Chief Philanthropy Officer \_\_\_\_\_

Date \_\_\_\_\_

This application is: ( ) APPROVED ( ) DECLINED

CONDITIONS OF APPROVAL or REASON DECLINED (circle one):

- 1.
- 2.
- 3.
- 4: