



Girl Scout Council of Northwest Georgia Application for troop money earning project

Project approved _____
Project needs revision _____

Service unit director's signature _____

Troop number _____ Date(s) of project _____

Program age level _____ Service unit _____

Leader's name _____

Address _____

City, state, zip _____

Phone number (day) _____ (Evening) _____

Did your troop participate in our council's most recent product sales?

Cookie program _____ Calendar sale _____

What is the reason your troop needs additional funds at this time?

What is your troop's proposed project?

How will this event support the Girl Scout Program goals?
(Complete all that apply)

Relating to others

Contributing to society

Developing values

Developing self-potential

Project's estimated income \$ _____

Project's estimated expenses \$ _____

Leader's signature _____

Date _____

****SEND TO YOUR SERVICE UNIT DIRECTOR FOR APPROVAL****
****THREE WEEKS PRIOR TO BEGINNING PROJECT****