



SUPPLEMENTAL MONEY-EARNING PERMISSION REQUEST- Awards

This form is to be used when a girl plans a supplemental money-earning project to help finance a major project. All request forms should be submitted to Council a minimum of **four weeks** prior to the project. Please submit forms to Pat Baxley patbaxley@girlscoutsesc.org

Troop# _____ Program Age Level: ___ Brownie ___ Junior ___ Cadette ___ Senior ___ Ambassador

Date: _____

Girl Scout's Name: _____

Street Address: _____ City: _____ Zip: _____

Telephone # (____) _____ Email: _____

Describe the Award project for which additional funds are needed. _____

In-Kind Donations

Received: _____

Proposed Money Earning Project: _____

_____ Proposed Date _____

1. PROJECTED AWARD PROJECT INCOME

<i>Income Activity</i>	<i>Estimated Income</i>	<i>Actual Income</i>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____

2. PROJECTED AWARD PROJECT EXPENSES

<i>Specific Expenses – Describe</i>	<i>Estimated Expenses</i>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

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We have read the Girl Scouts of Eastern South Carolina and GSUSA policies and standards in *Volunteer Essentials*, (Chapter 5 Managing Group Finances). We have discussed our money-earning activity plan with the parents/guardians in our troop and have secured their support for this activity.

Troop/Individual Girl Signature	Date	Troop/Volunteer Adult Signature	Date
_____	_____	_____	_____
_____	_____	Position _____	_____

FOR COUNCIL USE

Money-Earning Project Approved _____ Money-Earning Project Not-Approved _____ Date _____

If not approved, the reasons are _____

_____ Staff Reviewed: _____

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