



APPLICATION FOR TROOP MONEY EARNING PROJECT

Girl Scouts of Silver Sage Council
1410 Etheridge Lane
Boise, ID 83704
(208) 377-2011 or (800) 846-0079
FAX (208) 377-0504
www.girlscouts-ssc.org

Troop Information

Troop# _____ SU# _____ Brownie ____ Junior ____ Cadette ____ Senior ____ Ambassador ____

Troop Leader Name: _____

Mailing Address: _____

Street City State Zip

Phone Number: Home _____ Work _____ Cell _____

Weekly dues per girl _____ Money in Troop treasury _____

Did your Troop participate in the Council Cookie Program? ____yes ____no

If no, why not: _____

Project Information

Description of project _____

How much do you hope to earn? _____

Why do you need additional funds? _____

Which does this project event support (*check all that apply*)?

___ Developing her potential (Discover)

___ Relating to others with increasing understanding, skill, and respect (Connect)

___ Increasing her skills as a problem-solver and community advocate (Take Action)

Dates and location of money earning project:

Was this project planned by girls? How were the girls involved?

Authorization

We agree to report in writing to our Service Unit Director on the results of our project within two weeks of the completion of the project:

Troop Treasurer (girl)/Date Troop Leader/Date

___ Approved ___ Not Approved

___ Approved ___ Not Approved

Service Unit Treasurer/Date Membership Representative/Date

Troop Leader—Give this completed form to your Service Unit Treasurer for approval, who will forward it to your Membership Representative