



# Money-Earning Activity Application

Please submit this form before taking part in any money-earning activity other than the Fall Product Program or the Girl Scout Cookie Program. Submit this form **four weeks prior** to advertising your proposed date of activity. Expect to hear back from a staff member on your application status within ten business days. Additional time for approval may be required for Journey Jumpstarts and events occurring during the Girl Scout Cookie Program.

**Have you reviewed the following resources before completing this application?    YES    NO**

- [COVID - 19 Member Safety Guidelines](#)
- [Money-Earning Guide](#)
- [Money-Earning Group Agreement](#)

## Troop/Group Information

Adult or Girl Scout in Charge of Event:					
Phone #:			Email:		
Date of Submission:		Group/Troop No.:		Service Unit:	
Troop Program Level:	Brownie	Junior	Cadette	Senior	Ambassador

## Money Earning Activity Type

Please select the type of Money-Earning Activity you are proposing.

**Virtual**

**Event**

**For Highest Awards**

**Journey Jumpstart** (*Must include event plan with this application for approval.*)

**Other** \_\_\_\_\_

## Money-Earning Activity Details

Date of Event/Activity or date range:

Location or online platform:

Describe the proposed money-earning activity in detail:

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## Estimated Budget

Please provide an estimated budget for your Money-Earning event. If your troop is unsure of what the expected income or profit will be, have them set a goal and enter those numbers here.

Expenses: \$ \_\_\_\_\_

Income: \$ \_\_\_\_\_

Net profit: \$ \_\_\_\_\_

Cost Charged per Person/item: \$ \_\_\_\_\_

How will the troop/group use the money earned from this activity?

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## Girl Scout Leadership Experience

Money-Earning should be tied to the Girl Scout Program Outcomes, what skills do you hope to develop through this Money-Earning Activity?

Strong Sense of Self

Healthy Relationships

Positive Values

Community Problem Solving

Challenge Seeking

Explain how each of these skills are developed through the money-earning activity:

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## Activity Checklist

Please circle your responses.

- Have city/county policies been checked regarding any required permits/permissions, e.g. hold harmless agreements, Certificates of Insurance, Food Handlers Permit? **YES** **NO**
- Has the Money-Earning Guide been read? **YES** **NO**
- Have all caregivers and youth signed a Money-Earning Group Agreement? **YES** **NO**
- Does additional [insurance](#) need to be purchased? (4 weeks prior to event) **YES** **NO**
- Has your troop/group participated in the Fall Product Program or Girl Scout Cookie Program within 12 months of the money-earning event? **YES** **NO**
- Does your troop have a bank account? **YES** **NO**
- Is the activity being promoted via social media or flyers? **YES** **NO**

Please attach copies of promotional materials or text for social media postings with this application.

**How to Submit**

Email to your Girl Scouts of Western Washington Volunteer Support Manager.

**Be sure to attach all required documents.**

*As the Girl Scout or adult in charge of this event/activity, I understand and agree to adhere to all Girl Scout policies, standards, and procedures regarding money-earning activities.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Council Use:*

\_\_\_ Approved

\_\_\_ Not Approved

\_\_\_ Needs Revision

Notes: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ SUM/Highest Awards Notified \_\_\_ Activity entered into Database \_\_\_ Uploaded into Salesforce

Rev. 04/21