



Additional Funding ACTIVITY APPLICATION

MISSION: Girl Scouting builds girls of courage, confidence and character, who make the world a better place.

Troop Leader: This form must be filled out for all troop/group additional funding activities **ONE MONTH** prior to each additional funding activity. This form does not need to be completed for Fall Product/Magazine Program or the Cookie Program. Please make a copy of the completed application for your troop records.

CONTACT INFORMATION

Troop/Group # _____ Service Unit # _____ #of Girls _____

Leader's Name _____ Age Level (D, B, J, C, S, A) _____

Address _____ City _____ State _____ Zip _____

Day Telephone _____ E-mail Address _____

ACTIVITY INFORMATION *(These questions pertain to the activity for which you need to raise money.)*

A. \$ _____ Amount needed by troop/group for program activity.

B. \$ _____ Total Current Funds Available

C. \$ _____ Amount of Deficit (Line A minus Line B)

For what program activity do you need the money? _____

How does your program activity relate to the Girl Scout Program? _____

ADDITIONAL FUNDING ACTIVITY INFORMATION *(These questions pertain to the additional funding activity you want to conduct.)*

To meet the deficit, we request approval to conduct the following activity _____

Specifics of girl involvement in this additional funding activity _____

Date and Time of Activity _____ Location _____

Insert additional plans here? _____

(over please)

Has parent permission been received for this activity? Yes No

Is activity suitable to the ages and abilities of the girls participating? Yes No

New troop/group? Yes No

Will troop/group participate in council-sponsored Fall Product/Magazine and Cookie Program?
(FPM) Yes No (Cookie) Yes No

Existing/Re-Registering troop/group? Yes No

Did troop/group participate in last Fall Product/Magazine and Cookie Program?
(FPM) Yes No (Cookie) Yes No

Were there/are there any other planned additional funding activities this membership year? Yes No

For re-registered troop/groups: Annual Troop Finance Report and Troop Progress Report for previous year have been submitted? Yes No

Annual Troop Progress Report? Yes No

We have read and agree to adhere to GSUSA and GSCP2P Policies, Standards and Procedures regarding troop/group additional funding activities.

Signature of Troop Leader _____

Date _____

INSTRUCTIONS

Mail activity application to: GSCP2P, Attn: Chief Philanthropy Officer, 8818 W. Market St., Colfax, NC 27235

OFFICE USE ONLY	
Your additional funding activity has been _____	Approved _____ Denied _____
Comments _____	

Authorizing Signature _____	Date _____