



# 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)*

Please list potential donor names and addresses.

---

---

---

---

---

---

---

Has parent permission been received for this activity? **D** Yes **D** No

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

New troop/group? **D** Yes **D** No

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

Existing/Re-Registering troop/group? **D** Yes **D** No

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

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

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

Annual Troop Progress Report? **D** Yes **D** 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

E-mail activity application to [info@girlscoutsp2p.org](mailto:info@girlscoutsp2p.org)

OFFICE USE ONLY		
Your additional funding activity has been	__	Approved __ Denied
Comments	_____	
_____		
Authorizing Signature	_____	Date ____