



# GIRL SCOUTS OF THE PERMIAN BASIN

## TROOP FUNDRAISING PROJECT APPLICATION

**Submit Form to:**  
**Troop Fundraising Coordinator,**  
**Girl Scouts of the Permian Basin,**  
**5217 N Dixie/Odessa, Texas 79762**

**\*\*No later than 6 weeks prior to project**

Troop # \_\_\_\_\_ Level: Junior [ ] Cadette [ ] Senior [ ]

Troop Leader \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Instructions:**

1. Refer to Leader's manual for council guidelines prior to completing this application.
2. Make three (3) copies of this application and submit to council office/fundraising coordinator - **allow 6 weeks** for processing.
3. Upon approval one copy will be returned to you and one copy will be given to your community services director.

Type/kind of project: (Be specific) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated per girl cost for trip/event \$ \_\_\_\_\_

Project dates:(give complete date(s) and time(s)) \_\_\_\_\_  
\_\_\_\_\_

Estimate of proceeds to be earned from this project \$ \_\_\_\_\_

How and when will funds be used: \_\_\_\_\_  
\_\_\_\_\_

Did your troop participate in the most recent cookie sale? yes no fall sale yes no

Is this project being held in connection with any other community event or organization? yes no If yes, please give details. \_\_\_\_\_

Who is your target audience? How will they be solicited? Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you be soliciting donations form a company and/or business? yes no

If yes, please give name of company, what is being requested, and amount: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other fundraising project and dates scheduled/completed during this school/calendar year: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Media coverage for your fundraiser must be approved by the Director of Communications

We shall adhere to council policies for troop fundraising and verify that the members of our troop are currently registered.

\_\_\_\_\_  
Leader's Signature

\_\_\_\_\_  
Date

Person in charge if other than leader: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**OFFICE USE ONLY**

Verification of Product Sale Participation: Cookies- yes no Fall Sale- yes no  
Membership Registration Verification: Troop- yes no Leader- yes no  
Date Application Reviewed: \_\_\_\_\_ Approved: \_\_\_\_\_ yes no

If no, reason for declination: \_\_\_\_\_

\_\_\_\_\_  
Fundraising Coordinator=s Signature

Date: \_\_\_\_\_ Confirmation letter sent: \_\_\_\_\_