

### GIRL SCOUT GOLD AWARD PROJECT FUND RAISING APPLICATION

Please submit separate application for each activity

Review the "Money and Your Gold Award Project" guidelines, pp. 11-13 in GSEM Girl Scout Gold Award Guidelines, Policies and Procedures. No fund raising activities may take place without written approval from the Council Office. After you receive approval you may proceed with your activities.

**PRINT (Black ink/ no pencil)**

Gold Award Applicant's Name \_\_\_\_\_ District \_\_\_\_ Neighborhood \_\_\_\_

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

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Girl Scout Gold Award Project Title: \_\_\_\_\_

Estimated Expenses: \$ \_\_\_\_\_ Total Amount to be raised: \$ \_\_\_\_\_

**Adult Doing the Asking:** (Circle one: Troop Leader/ Project Advisor/ Parent)

Name \_\_\_\_\_ Troop \_\_\_\_\_ (if leader)

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

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**FUND RAISING PROPOSAL:**

\_\_\_ **Solicitation** (monetary or in-kind) Attach copy of your proposed donor letter & list of potential donors.

\_\_\_ **Money-earning activity** (There can be no paid advertisement of this event)

Type of activity planned \_\_\_\_\_

Date of planned activity \_\_\_\_\_ Place activity will be held \_\_\_\_\_

Copy of Flyer attached: Yes \_\_\_ No \_\_\_

\_\_\_ **How will funds be kept** until needed?

**SIGNATURES:**

Adult Doing the Asking \_\_\_\_\_ Date \_\_\_\_\_

Gold Award Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Make copy for your files and send original application to:**

Girl Scouts of Eastern Missouri  
Girl Scout Gold Award  
2300 Ball Drive  
St. Louis, MO 63146

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Approved: \_\_\_\_\_ Date \_\_\_\_\_

(Council Representative)

Denied: \_\_\_\_\_ Date \_\_\_\_\_