

Girl Scouts of Central and Western Massachusetts

www.gscwm.org

Worcester Leadership Center 115 Century Drive, Worcester MA 01606 (508)365-0115

Holyoke Leadership Center 301 Kelly Way, Holyoke MA 01040 (413)584-2602

Request for Highest Award Money-Earning Activity

This form is to be used by girls working toward their Highest Award (Gold and Silver) who would like to hold money-earning activities in addition to the council-sponsored Fall Product and Cookie Sale Programs.+ A specific need for the additional income must be indicated on this form and approval must be received prior to holding the proposed money-earning activity. Please send this completed form to the Worcester Service Center (or drop off at any of our council service centers) at least three weeks prior to your proposed money-earning activity. The form must be filled out completely in order to be considered. To submit this form electronically, save the file to your computer then attach in an e-mail to Melanie Bonsu at mbonsu@gscwm.org and goldaward@gscwm.org or silveraward@gscwm.org.

Applicant's Full Name:	Highest Award Project Title:				
Home Phone:					
E-Mail:					
Address:	City:	State:	Zip:		
Troop Leader Name:	Troop Leader's Email:				
What portion of your Highest Award does this sup	port?				
In order to qualify for additional Money Earning act activities for the qualifying year. Have you participe OYes ONo - If no, why not:	civities or requesting gifts in kin ated in the most recent Fall Pro	nd, girls must participate in oduct and Cookie Prograr	n council-sponsored ms?		
Highest Award Project Budget Snapshot:					
Total cost for planned your project: Amount already saved for project: Difference (amount still needed):	· · · · · · · · · · · · · · · · · · ·	stimated income for this oney-earning activity:	\$		
Description of Money-Earning Activity:					
Date of activity:					
Adult Chaperone leading activity:					
Certified First Aider(s)*:					
Destination:	Destination Address:				
Number of registered Girl Scouts participating in t	his activity (if you and a parent	:/guardian are not the onl	y participants involved):		
Girls Adults Check here if not applical	ole				
List other money-earning activities held/anticipate	ed during the current (2013-20)14) year:			
Activity and Date:		Estimated	Income: \$		
Activity and Date:(initial) I have checked Volunteer Essent requirements (If this is a high risk completed and attached).		eckpoints to ensure this a			
(initial) A registered and CORI'd Girl Scot activity (refer to Volunteer Essen			leading the girls in this		
I have read Volunteer Essentials and Money Earnir	ng 101. The information provide	ed above is true to the bes	st of my knowledge.		
Signature of Girl:		D	ate:		
Signature of Troop Leader:			ate:		
Signature of Fund Development Approval:		D:	ate:		

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Request for Highest Award Gifts in Kind Approval

Request for Highest Award Gifts in Kind may only be used by girls working toward their Highest Award (Gold and Silver Award) who would like to receive a Gift in Kind of *materials only*. Please send this completed form to the Worcester Service Center (or drop off at any of our council service centers) *at least three weeks prior* to your deadline to ask for materials. The form must be filled out completely in order to be considered. All companies or organizations that you intend to ask for gifts must be included on the list below. Permission must be granted to ask, you may not reach out to a company before you are approved. To submit this form electronically, save the file to your computer then attach in an e-mail to Melanie Bonsu at mbonsu@gscwm.org and goldaward@gscwm.org or silveraward@gscwm.org.

It is suggested that three Money-Earning Activities are completed before you may submit a request for Gift in Kind.

Please work with your Highest Award Project Advisor or Troop Leader to write a formal request letter, with the companies listed below as your intended recipient of the letter. Attach your letter to this request form for our review.

Applicant's Full Name:		Highest Award Project Title:	Highest Award Project Title:			
Home Phone:		Additional Phone:	Additional Phone:			
		City:	State:	Zip:		
Troop Leader	Name:	Troop Leader's Email:				
Description o	f Requested Materials:					
List of Compa		ike to ask (please included additional listin		per if needed):		
2.	(патте от сотпрану)	(City	/,state)			
<u> </u>	(name of company)	(city	/,state)			
3	(name of company)	(cit _y	/,state)			
4						
	(name of company)	(city	,,state)			
5						
	(name of company)	(city	,,state)			

Once this request, along with your formal request letter as been received, please allow up to five business days for a response. If your request has been approved, you will receive a GSCWM cover letter and business envelopes to include with your formal request letters to each company. If approval cannot be granted we will notify you and your troop leader via email.

- + Supplemental money-earning activities cannot be conducted during council-sponsored product sale programs (i.e. Girl Scout Fall Product Sale and Girl Scout Cookie Sale) if they compete with these programs. Events such as car washes and pancake breakfasts are permitted.
- * A certified First Aider must be present at your money earning activity if there are other Girl Scouts assisting with the activity.