

GIRL SCOUTS OF GLOWING EMBERS COUNCIL, INC.  
**MONEY EARNING PROJECT EVALUATION**

Troop # \_\_\_\_\_ S.U. \_\_\_\_\_ District \_\_\_\_\_ Level: B J C S

Leader's Name \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail: \_\_\_\_\_

Please complete this evaluation with the help of the girls (or adults if it was an adult project) at a meeting.

Please describe the project: \_\_\_\_\_ Date of project \_\_\_\_\_

---

---

---

Number of girls participating \_\_\_\_\_ Number of adults participating \_\_\_\_\_

Total money earned \$ \_\_\_\_\_ Total expenses \$ \_\_\_\_\_

Please list the expenses:

---

---

---

How much time was devoted to preparation for this project? \_\_\_\_\_

How did you advertise your project? Who was your target audience?

---

---

OVER →

In what ways was this project successful?

---

---

What would you change next time?

---

---

---

Leader Signature Date

Please return to:  
Membership Director  
Kalamazoo Program and Training Center  
601 West Maple  
Kalamazoo, Mi 49008