

Eagle Scout Information

Please return this form with the Eagle Scout Rank Application when it is submitted to the Council following completion of the Eagle Scout Board of Review.

Scout name (last, first, middle):						
Birth date:	Nickname (if any):	_					
🗖 Male 🗖 Female	Email address:						
Street address:	City:	City:					
State: Zip:	Cell phone #:						
Unit # & Community:	BOR Date:						
Scoutmaster's name:	Scoutmaster's email:						
Committee Chair's name: Committee Chair's email:							
What school do you attend:							
School county/district:	chool county/district: Grade/Year:						
School/extracurricular activitie	es:						
Religious institution and/or oth	ner activities you participate in:	_					
Please tell us more about y	our family:						
Parent's name:	Parent's occupation:						
Father an Eagle Scout 🗖 Yes	🗖 No						
Company/Organization:		_					
Guardian's name:	n's name:Guardian's occupation:						
Company/Organization:							

Eagle Project Information:

Eagle project title:						
Benefiting organizat	ion:					
Location of project:						
Number of Scout lea	nd other youth working a aders and other adults w ars spent by everyone wo	orking on the project:				
Total cost of materia	als required to complete	the project:				
Itemized costs:	Cost of purchased materials: Value of donated materials: Total value of project:					
What type of group	will benefit from the pro	ject (check one):				
 Local Church Community Org 	County School . Gov. Org.	StateService	Federal Other			
Please describe you	r Eagle Scout Service Pro	oject in 50 words or les	SS.			

Scouting's Journey to Excellence / Good Turn for America

Units may use the Project Description Form information to enter service hours at scouting.org/awards/journeytoexcellence