EAGLE APPLICATION CHECK-OFF SHEET

Name of Applicant: _____ **Unit Number:** _____

Address: _____

District: _____ **Date Council Certification:** _____

Date of final submittal to Council: _____ **Date of Board of Review:** _____

[ ] All information legible.

[ ] Applicant's name correct and legible.

[ ] Applicant's address (no abbreviations).

[ ] Unit type, number, and location completed (no abbreviations).

[ ] Dates of entry into Scouting, Second Class, First Class, and Star Board of Review.

[ ] At least four months between First Class and Star Board of Review dates.

[ ] At least six months between Star Scout and Life Scout Board of Review.

[ ] Webelos Scout and Arrow of Light questions answered.

[ ] Date of birth entered and correct.

[ ] Does applicant meet age requirement criterion.

[ ] At least six months between Life and Eagle Board of Review dates (requirement 1)

[ ] References listed, with complete addresses. Letters of reference need to be obtained by the Troop Committee Chair before a Board of Review can be completed(requirement 2).

[ ] 21 merit badges earned with month, day, year, and Troop # listed (requirement 3)

[ ] 4 Eagle required merit badges earned prior to Star Scout Board of Review date.

[ ] 3 additional Eagle required merit badges earned prior to Life Scout Board of Review date.

[ ] At least six months of service in a position of responsibility between Life Scout and Eagle

[ ] Scout Board of Review dates (requirement 4)

[ ] Service project completed between Life Scout and Eagle Scout Board of Review dates, and prior to applicants 18th birthday (requirement 5).

[ ] Statements by applicant attached (requirement 6).

[ ] Applicants signature and date.

[ ] Scoutmaster's Conference and Unit Leader's signature, date.

[ ] Unit Committee Chairman's signature, date.

[ ] Completed application along with Eagle project workbook brought to the Council Service Once this is processed your Scout Leader will be contacted by the Council to pick up the application along with the forms needed for the Eagle Scout Board of Review.

Unit Leader _____ **Unit Leader Signature** _____ **Date** _____