

Eagle Scout Leadership Service Project
Application Cover Sheet

(Will be retained by district after project approval)

Name: _____
Street: _____
City: _____
State, Zip: _____
Date of Application: _____

Phone: _____
Email: _____
Age: _____
Birth Date: _____
Unit Type and #: _____

District (circle district): Red Cedar Three Rivers Old Capitol Valley

Approximate Start date of Approved Project: _____
Estimated time of project (your hours): _____
Estimated time of project (others): _____
Estimated total time of project: _____
Approximate project completion date: _____
Date I became a Life Scout: _____

The following information is also contained on other pages of the booklet, but please include it here for reference. Approval signatures must be done in the project booklet, please list names here.

Description of project you plan to do: _____

Name of group the project will benefit: _____
Address: _____
Name of official from group: _____ Phone: _____
Name of unit Scoutmaster: _____ Phone: _____
Name of Committee Chairman: _____ Phone: _____
Unit Advancement Chairman: _____ Phone: _____

For Use by District:
Date Received: _____
Notes/Comments: _____

To minimize any risk, you should use common sense, and must follow the safety guidelines in the current BSA publication: *Guide to Safe Scouting, A Unit Leader's Guide for Current Policies and Procedures to Safe Activities.*

District Approval: _____ Date: _____