



BOY SCOUTS OF AMERICA®
BALTIMORE AREA COUNCIL
Eagle Scout Information

Please return this form with the Eagle Scout Rank Application when it is submitted to the Council Service Center 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: _____

State: _____ Zip: _____ Cell Phone #: _____

Unit Type and Number: _____ District: _____ BOR Date: _____

Scoutmaster's name: _____ Scoutmaster's email: _____

Committee Chair's name: _____ Committee Chair's email: _____

What school do you attend: _____

School County/District: _____ Grade/Year: _____

School/Extracurricular activities: _____

Religious Institution And/Or other activities you participate in: _____

Please tell us more about your family:

Father's Name: _____ Father's Occupation: _____

Father an Eagle Scout Yes No

Company/Organization: _____

Mother's Name: _____ Mother's Occupation: _____

Company/Organization: _____

Eagle Project Information:

Eagle Project Title: _____

Benefiting Organization: _____

Location of Project: _____

Number of Scouts and other youth working on the project: _____

Number of Scout leaders and other adults working on the project: _____

Total number of hours spent by everyone working on the project: _____

Total cost of materials 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 project (check one):

- Local County State Federal
- Church School Service Other
- Community Org. Gov. Org.

Please describe your Eagle Scout Service Project in 50 words or less.

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