

## **EAGLE SCOUT RANK APPLICATION**

TO THE EAGLE SCOUT RANK APPLICANT. This application is to be submitted after you have completed all requirements for the Eagle Scout rank. Print in ink or type all information. List the month, day, and year for all dates. When entering dates please use the format mm/dd/yy — for example, list the date July 8, 2022, as 07/08/22. When you have completed this application, sign it and submit it to your unit leader.

COUNCIL MUST COMPLETE						
COUNCIL NO.	TYPE OF UNIT					
NST	UNIT NO.					
PID NO. (REQUIRED)						
POSTHUMOUS: O						

FULL	LEGAL	. NAW	E .		

MERIT BADGE	DATE EARNED	UNIT NO.	MERIT BADGE	DATE EARNED	UNIT NO.	MERIT E	BADGE	DATE EARNED	UNIT NO.
REQUIREMENT 3. Earn a to		` '	padges are listed). List the mor	1		padge was earned	and the unit n	1	
Two other references			_						
. , , , , _			_						
Employer (if any)									
Educational									
Religious									
Parents/guardians									
N	lame		Address		Tel	ephone E	mail		
			ive by the principles of the Solally and would be willing to p				life and tell ho	w you have do	ne your duty
REQUIREMENT 1. Be activ	e in your troop, crew,	or ship to	r at least six months as a Life	Scout.			Life Scout d of review	lonth (mm) Day (d	ld) Year (yy)
						<b>D</b>		lonth (mm) Day (d	ld) Year (yy)
			beyond the age of eligibility accement, section 10.0.0.0, for o		couts B		ate of birth		
<b>explanation.</b> Refer to the G	uide to Advancement,	No. 3308	8, section 8.0.3.1, for boards	of review beyond the	nat perio	od.			
	•		registered as a Venturer or Sed all requirements prior to			•	thin 24 month	ns after that o	date with no
	•		of rank, and Eagle Palms ma er or Sea Scout who achieve	, , ,	0	,			,
Unit City			State ZIP code	Had you complet	ed fifth	n grade upon jo	oining?	□Y€	es 🗌 No
				Did you earn the			?	□ Ye	
Troop, crew, ship, or Lone Scout	Unit No.			Were you a Cub : Were you a Webe				□ Y€	
relephone (including area code)	Email			Mana varia Cult	040	•			
Telephone (Including area code)	Email			Date of Star Scou	t board	of review			
City			State ZIP code	Date of First Class	Scout	board of review	v		
				Date joined a Sea	•				
Street address or P. O. box			Date joined a Vent						
				Date joined Scou	ıte RSA	1	Month (mm)	Day (dd)	Year (yy)
							MALE O	FEMALE O	

MERIT BADGE	DATE EARNED	UNIT NO.	MERIT BADGE	DATE EARNED	UNIT NO.	MERIT BADGE	DATE EARNED	UNIT NO.
1 CAMPING			*8 EMERGENCY PREPARED- NESS <i>OR</i> LIFESAVING			15		
2 CITIZENSHIP IN THE COMMUNITY			*9 ENVIRONMENTAL SCIENCE OR SUSTAINABILITY			16		
3 CITIZENSHIP IN THE NATION			10 FIRST AID			17		
4 CITIZENSHIP IN SOCIETY			*11 SWIMMING <i>OR</i> HIKING <i>OR</i> CYCLING			18		
5 CITIZENSHIP IN THE WORLD			12 PERSONAL MANAGEMENT			19		
6 COMMUNICATION			13 PERSONAL FITNESS			20		
7 COOKING			14 FAMILY LIFE			21		

<sup>\*</sup>Cross out badges not earned. If a crossed-out badge in #8, #9, or #11 was earned, it may be reentered in 15 through 21.

You must attach the Application for Alternative Eagle Scout Rank Merit Badges for those merit badges earned in place of the Eagle required badge(s).



**REQUIREMENT 4.** While a Life Scout, serve actively in your unit for a period of six months in one or more of the following positions of responsibility. **List only those positions served after Life board of review date.** 

**Scout troop.** Patrol leader, assistant senior patrol leader, senior patrol leader, troop guide, Order of the Arrow troop representative, den chief, scribe, librarian, historian, quartermaster, junior assistant Scoutmaster, chaplain aide, instructor, webmaster, outdoor ethics guide.

**Venturing crew/Sea Scout ship.** President, vice president, secretary, treasurer, quartermaster, historian, den chief, guide, boatswain, boatswain's mate, yeoman, purser, storekeeper, chaplain aide, outdoor ethics guide, crew leader, media specialist, specialist or webmaster.

**Lone Scout:** Leadership responsibility in your school, religious organization, or club, or elsewhere in your community.

		ife Scout of review	Month (mm)	Day (dd)	Year (yy)
Position	FROM Month (mm) Day (dd) Year (yy)	то	Month (mm)	Day (dd)	Year (yy)
Position	FROM Month (mm) Day (dd) Year (yy)	то	Month (mm)	Day (dd)	Year (yy)
<b>REQUIREMENT 5.</b> While a Life Scout, <b>plan, develop, and give leadership to others</b> in project must benefit an organization other than the Boy Scouts of America.) A project propunit committee, and the council or district before you start. <b>You must use the </b> <i>Eagle Scou</i>	posal must be approved by the organization bene	fiting from	the effort, y	our unit l	
Project name:	Date projec	t finished			
Grand total of hours:(from Eagle Scout Service Project Workbook—for statis	1 ,		Month (mm)	Day (dd)	Year (yy)
REQUIREMENT 6. While a Life Scout, participate in a unit leader conference.	Date conference	was held	Month (mm)	Day (dd)	Year (yy)
CERTIFICATION BY APPLICANT. On my honor as a Scout, Venturer, or Sea Scout all All requirements, with the exception of my board of review, were completed prior to my In preparation for your board of review, prepare and attach to your Eagle Scout Rank held in your religious institution, school, camp, community, or other organizations, during this service.	y 18th birthday.* <b>Application a statement of your ambitions an</b>	d life purp		•	•
Signature of applicant	Telephone	- Date			
*Or the date established by an extension of time granted by the National Council (see the <i>Guic</i> date does not apply to Scouts registered beyond the age of eligibility as provided for in the <i>Gu</i>		n	Month (mm)	Day (dd)	Year (yy)
UNIT APPROVAL (personal signatures required)	, , , , , , , , , , , , , , , , , , ,				
Signature of unit leaderScoutmaster, Advisor, or Skipper	Telephone	_ Date	Month (mm)	Day (dd)	Year (yy)
Signature of unit committee chair	Telephone	_ Date	Month (mm)	Day (dd)	Year (yy)
<b>BSA LOCAL COUNCIL VERIFICATION.</b> According to the records of this council, as accurate.	the applicant is a registered member of this	unit and	this applica	ation is	approved
Signed Position		_ Date	Month (mm)	Day (dd)	Year (yy)
REQUIREMENT 7. Successfully complete your board of review for the Eagle Scout ran	nk.				
The applicant appeared before the Eagle Scout board of review on this date, and this appli	ication was approved.	Date	Month (mm)	Day (dd)	Year (yy)
Signature of Eagle Scout board of review chair	Signature of council/district board	representat	ive (if applicat	ole)	
I certify that all procedures, as outlined in the Guide to Advancement, have been followed	d. I approve this application.				
Scout executive		Date			

Presentation of the rank may not be made until the Eagle Scout credentials are received by the BSA local council.



NATIONAL EAGLE SCOUT ASSOCIATION. As an Eagle Scout, you may now join the National Eagle Scout Association, a fellowship of the top achievers of the Boy Scouts of America. As a NESA member, you have networking opportunities with other Eagles and will stay connected to the latest Scouting news. A portion of your membership fee supports NESA's many programs such as providing college scholarships.

Apply for your NESA membership https://nesa.org/why-join/