



# Eagle Scout Service Project Report



BOY SCOUTS OF AMERICA®

**Eagle Scout candidate's full legal name**

**Eagle Scout Service Project Name**

**Project start date**

**Project completion date**

This report is to be prepared after your service project has been concluded. It is not necessary to provide lengthy answers. Be prepared to discuss your project and this report at your board of review.

**Project Execution:**

Once planning was completed, when did the work begin?

When was it finished?

**Project Description**

*Please provide a brief description of your project and the impact it will have.*

Describe what you did after your proposal was approved to complete the planning of your project.

**Observations**

What went well?

What was challenging?

**Changes**

Many successful projects require changes from the original proposal. What significant changes did you make and why did you make them (be brief)?

## Leadership

In what ways did you demonstrate leadership?

What was most difficult about being the leader?

What was most rewarding about being the leader?

What did you learn about leadership, or how were your leadership skills further developed?

## Materials, Supplies, Tools, Other

Were there significant shortages or overages of materials, supplies, tools, and other? If so, what effect did this have?

## Entering Service Project Data

The BSA collects information on the hours worked on Eagle Scout service projects\* because it points to achievement of our citizenship aim. To assist with the data collection, please refer to your list of people who helped and the number of hours they worked. Then please provide the information requested below. Include hours spent doing planning under Total Hours Worked.

**Be sure to include yourself, and the time spent on planning.**

	Number of Workers	Total Hours Worked
<b>The Eagle Scout Candidate - Planning Hours</b>		
<b>The Eagle Scout Candidate - Execution Hours</b>		
<b>Registered BSA youth members</b>		
<b>Other youth</b> (brothers, sisters, friends, etc., who are not BSA members)		
<b>Registered BSA adult Scouting volunteers and leaders</b>		
<b>Other adults</b> (parents, grandparents, etc., who are not BSA members)		
<b>Grand Total of Hours</b> (enter here and on your Eagle Scout Rank Application)		

**\*There is no requirement for a minimum number of hours that must be worked on an Eagle Scout service project.**

*If you have been told you must meet a minimum number of hours then you may lodge a complaint with your district or council. If you have given leadership to an otherwise worthy project and are turned down by your board of review solely because of a lack of hours, you should appeal the decision.*

## Funding Summary

Describe how you obtained money, materials, supplies, and other needs (including donations) for your project.

How much was collected?

How much was spent?

If your expenses exceeded funds available, explain why this happened, and how excess expenses were paid.

If you had money left over at the end of your project, did you turn it over to the project beneficiary? If "No," when will that be done, or if your beneficiary is not allowed to accept the left over funds, which charity will receive them?

How were the donors thanked?

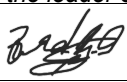
## Photos and Other Documentation

If you have them, submit photographs taken before, during and after project completion on a separate document. You may physically attach letters, maps, handouts, printed materials, or similar items that might be helpful to your board of review.

**Caution: Using an Adobe or other PDF reader to insert a "signature" can cause this entire document's contents to be locked preventing future edits; make sure you save a copy if any signatures will be inserted digitally.**

**Candidate's Promise** *Sign below before you seek the other approvals.*

*On my honor, I was the leader of my Eagle Scout service project and executed it as reported here*

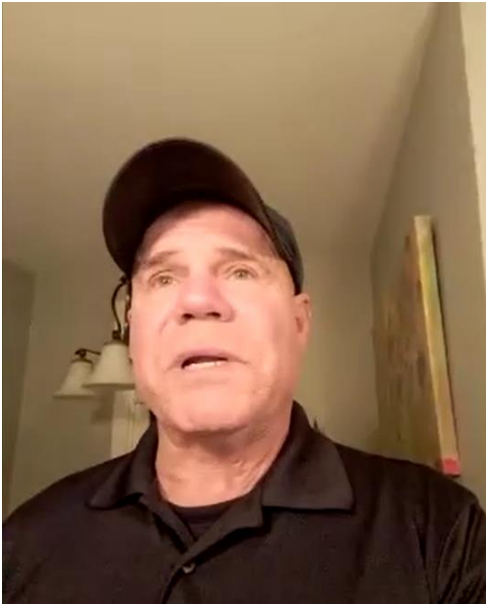
		
Signature	Signed 11/10/2022	Date

## Approvals

*In my opinion, this Eagle Scout service project meets Eagle Scout requirement 5, as stated on page 3 of this workbook.*

<b>Beneficiary name:</b>		<b>Unit leader name:</b>	
Signature	Date	Signature	Date

## Project Pictures



## Project Pictures



## **List of Starting Interview Questions**

- What is your name?
- What is/was your role? (rank, responsibility, etc.)
  - When and why did you join the military?
- How are you associated with Cumberland County?
  - Have you served in any wars?
- What are some of your favorite memories or experiences from your service?
- What is one piece of advice you would want to give to the younger generation?





## Oral History Release Form

Project name: The Elizabeth V. and George F. Gardner Digital Library

Date: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Recording number: N/A

Name of person(s) interviewed: \_\_\_\_\_

Address:(optional) \_\_\_\_\_

\_\_\_\_\_

Telephone number: (optional) \_\_\_\_\_

Date of Birth: (optional) \_\_\_\_\_

By signing the form below, you give your permission for any of the recordings/video made during this project to be used by the Cumberland County Historical Society (CCHS). In signing, you understand that your interview and any transcript made of it will be made available to the public by CCHS for research, educational, and project publicity purposes. It may be cited, quoted from, published in original or edited form, or broadcast in any medium that CCHS deems appropriate.

Interviewee Name (print): \_\_\_\_\_

Interviewee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Would you like a Courtesy Copy of Interview via email: ☐

Interviewer Name (print): \_\_\_\_\_

Interviewer Signature: \_\_\_\_\_

Date: \_\_\_\_\_