

# Eagle Scout Leadership Project Application Cover Sheet

(To be retained by district after project approval)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Street: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ Age: \_\_\_\_\_  
 State, Zip: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Date of Application: \_\_\_\_\_ Unit Type and #: \_\_\_\_\_

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

Approximate Start date of 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: \_\_\_\_\_