



**Trailhead District
Heart of America Council**



Final Eagle Project Checklist

Scout Information		
Name:	Today's date:	
Phone:	Unit:	
Reviewer Information		
Name:	Phone:	e-mail:
Eagle Application Review		
<input type="checkbox"/> Full legal name provided (incl. middle, no initials) <input type="checkbox"/> Date of Birth shows Scout not over 18 <input type="checkbox"/> At least one "yes" box checked <input type="checkbox"/> Unit number and type are correct (e.g., Troop/Crew) <input type="checkbox"/> 4 Eagle-required MBs before Star, 3 before Life <input type="checkbox"/> At least five references listed	<input type="checkbox"/> No Merit Badges earned before join date <input type="checkbox"/> Only 1 MB for #6 and #9 <input type="checkbox"/> Unit number provided next to each merit badge <input type="checkbox"/> Both Life dates equal <input type="checkbox"/> Six months' leadership after Life BOR <input type="checkbox"/> All dates completed <input type="checkbox"/> Signatures of applicant, unit leader, committee chair	
Project Write-up Review		
<input type="checkbox"/> Leadership exhibited in project write-up ("I decided") <input type="checkbox"/> Time log of volunteer hours included <input type="checkbox"/> High ratio of volunteer hours vs. Scout hours <input type="checkbox"/> Project workbook is neat and complete	<input type="checkbox"/> Project progress detailed <input type="checkbox"/> Total hours, costs & changes included <input type="checkbox"/> "After" pictures with captions <input type="checkbox"/> Project rep, unit leader & committee chair signatures	
Procedural Review		
<input type="checkbox"/> Completed Good Turn form provided <input type="checkbox"/> Initial checklist returned with signature of reviewer <input type="checkbox"/> Statement of life's ambitions included	<u>Letters of reference:</u> <input type="checkbox"/> Scoutmaster <input type="checkbox"/> Parents <input type="checkbox"/> School official <input type="checkbox"/> Religious	
Reviewer's Comments		
<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	
Eagle Review Board		
<u>Unit board of review signatures:</u> _____ _____	_____ _____ _____	
District Guest Chairman _____		
Scout displays Scout Spirit: <input type="checkbox"/> yes <input type="checkbox"/> no Board recommends rank of Eagle Scout: <input type="checkbox"/> yes <input type="checkbox"/> no	Name (print) _____ Signature _____ Date _____	_____ _____

(Return this checklist to Eagle Chairman after board of review)