



**BAY-LAKES COUNCIL  
EAGLE SCOUT DATA SHEET**



Please return this form with the Eagle Scout Rank Application when it is submitted to the Center for Scouting following completion of the Eagle Scout Board of Review. Please contact 920-734-5705 if you have any questions.

**Eagle Scout Service Project**

**Eagle Scout's Name (Last, First, Middle)** \_\_\_\_\_

**Nickname (if any)** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_

**Unit Type/Number** \_\_\_\_\_ **Unit Leader** \_\_\_\_\_

**Chartered Partner (Unit's Sponsoring Organization)** \_\_\_\_\_

**Board of Review Date** \_\_\_\_\_ **District** \_\_\_\_\_

**Number of workers involved** \_\_\_\_\_ **Number of Hours** \_\_\_\_\_

**Who will benefit from your Service Project**

\_\_\_\_\_  
\_\_\_\_\_

**Describe your Service Project**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*\* The following information is optional and will be used for internal purposes only. \*\*\*\***

**Street Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email address** \_\_\_\_\_

**I attend school at** \_\_\_\_\_ **Grade** \_\_\_\_\_

**School District** \_\_\_\_\_

**Religious Institution I attend** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Eagle Scout - N or Y, Year** \_\_\_\_\_

**Father's Occupation** \_\_\_\_\_ **Company** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

**Mother's Occupation** \_\_\_\_\_ **Company** \_\_\_\_\_