



BAY-LAKES COUNCIL EAGLE SCOUT DATA FORM

Please return this form with the Eagle Scout Rank Application to the Council Service Center following completion of the Eagle Scout Board of Review.

Contact (920) 734-5705 if you have any questions.

EAGLE SCOUT INFORMATION

Eagle Scout's Name _____ Board of Review Date _____

Unit # _____ Unit Leader _____

EAGLE SCOUT SERVICE PROJECT INFORMATION

Number of Hours _____ Number of Workers Involved _____

Describe Your Service Project:

Who Will Benefit From Your Service Project?

CERTIFICATE & CREDENTIALS ROUTING INFORMATION

Mail Certificate To _____

Address _____

City _____ ST _____ Zip _____