



BOY SCOUTS OF AMERICA®  
NARRAGANSETT COUNCIL

## Eagle Scout Information

**Please return this form with the Eagle Scout Rank Application when it is submitted to the Council following completion of the Eagle Scout Board of Review.**

Scout name (last, first, middle): \_\_\_\_\_

Birth date: \_\_\_\_\_ Nickname (if any): \_\_\_\_\_

Male  Female

Email address: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Unit # & Community: \_\_\_\_\_ District: \_\_\_\_\_ BOR Date: \_\_\_\_\_

Scoutmaster's name: \_\_\_\_\_ Scoutmaster's email: \_\_\_\_\_

Committee Chair's name: \_\_\_\_\_ Committee Chair's email: \_\_\_\_\_

What school do you attend: \_\_\_\_\_

School county/district: \_\_\_\_\_ Grade/Year: \_\_\_\_\_

School/extracurricular activities: \_\_\_\_\_

Religious institution and/or other activities you participate in: \_\_\_\_\_

### Please tell us more about your family:

Father's name: \_\_\_\_\_ Father's occupation: \_\_\_\_\_

Father an Eagle Scout  Yes  No

Company/Organization: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Mother's occupation: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

**Eagle Project Information:**

Eagle project title: \_\_\_\_\_

Benefiting organization: \_\_\_\_\_

Location of project: \_\_\_\_\_

Number of Scouts and other youth working on the project: \_\_\_\_\_

Number of Scout leaders and other adults working on the project: \_\_\_\_\_

Total number of hours spent by everyone working on the project: \_\_\_\_\_

Total cost of materials required to complete the project: \_\_\_\_\_

Itemized costs: Cost of purchased materials: \_\_\_\_\_

Value of donated materials: \_\_\_\_\_

Total value of project: \_\_\_\_\_

What type of group will benefit from the project (check one):

- |   |                                    |                                  |                                  |
|---|------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Local          | <input type="checkbox"/> County    | <input type="checkbox"/> State   | <input type="checkbox"/> Federal |
| <input type="checkbox"/> Church         | <input type="checkbox"/> School    | <input type="checkbox"/> Service | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Community Org. | <input type="checkbox"/> Gov. Org. |                                  |                                  |

Please describe your Eagle Scout Service Project in 50 words or less.

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**Scouting's Journey to Excellence / Good Turn for America**

Units may use the Project Description Form information to enter service hours at [scouting.org/awards/journeytoexcellence](http://scouting.org/awards/journeytoexcellence)