

EAGLE APPLICATION CHECKLIST

NAME OF APPLICANT: _____

TROOP/CREW AND NUMBER: _____

CITY AND STATE _____

DISTRICT: _____

SCOUTMASTER NAME: _____

SCOUTMASTER EMAIL: _____

FOR LOCAL BOARD USE: PLEASE MAKE SURE ALL ITEMS ARE COMPLETED 1-22

1. _____ ALL INFORMATION LEGIBLE
2. _____ APPLICANT'S FULL LEGAL NAME (INCLUDES MIDDLE NAME), SPELLED CORRECTLY AND LEGIBLE
3. _____ APPLICANT'S ADDRESS - NO ABBREVIATIONS
4. _____ UNIT TYPE, LOCAL NUMBER, LOCATIONS - NO ABBREVIATIONS
5. _____ DATES: PAID AND REGISTERED IN TROOP, FIRST CLASS, STAR BOARD AND LIFE OF REVIEW DATES
6. _____ AT **LEAST FOUR MONTHS BETWEEN** FIRST CLASS AND STAR SCOUT BOARD OF REVIEW DATES
7. _____ AT **LEAST SIX MONTHS BETWEEN** STAR SCOUT AND LIFE SCOUT BOARD OF REVIEW DATES
8. _____ WEBELOS SCOUT AND ARROW OF LIGHT QUESTIONS ANSWERED
9. _____ DATE OF BIRTH
10. _____ DOES APPLICANT MEET AGE REQUIREMENT
11. _____ AT LEAST SIX MONTHS BETWEEN LIFE SCOUT & EAGLE SCOUT BOARD OF REVIEW AND/OR 18TH BIRTHDAY
12. _____ REFERENCES CHECKED: LETTERS ARE TO BE RETURNED SEALED TO SCOUTMASTER AND REMAIN SEALED UNTIL DELIVERED TO DISTRICT BOARD OF REVIEW COMMITTEE
13. _____ 21 MERIT BADGES EARNED (DAY, MONTH, YEAR AND UNIT # LISTED) NOTE: 12 REQUIRED, 9 OPTIONAL
14. _____ EARN SIX MERIT BADGES PRIOR TO STAR SCOUT BOARD OF REVIEW DATE - AT LEAST FOUR MUST BE FROM THE REQUIRED MERIT BADGE LIST
15. _____ EARN FIVE MORE MERIT BADGES (11 TOTAL) PRIOR TO LIFE SCOUT BOARD OF REVIEW DATE -THREE MUST BE FROM REQUIRED MERIT BADGES (7 TOTAL) - CREDIT MAY BE GIVEN FOR BOTH EMERGENCY PREPAREDNESS AND LIFESAVING, FOR PERSONAL FITNESS, SWIMMING AND SPORTS
16. _____ **MUST SERVE AT LEAST SIX MONTHS IN A POSITION OF RESPONSIBILITY BETWEEN LIFE SCOUT AND EAGLE SCOUT BOARD OF REVIEW DATES - SEE APPLICATION FOR LIST OF POSITIONS AND/OR 18TH BIRTHDAY**
17. _____ SERVICE PROJECT COMPLETED BETWEEN LIFE SCOUT AND EAGLE SCOUT BOARD OF REVIEW DATES AND PRIOR TO 18TH BIRTHDAY
18. _____ SCOUTMASTERS CONFERENCE COMPLETED BETWEEN LIFE SCOUT AND EAGLE SCOUT BOARD OF REVIEW DATES AND PRIOR TO 18TH BIRTHDAY
19. _____ APPLICANT'S SIGNATURE
20. _____ UNIT LEADER'S SIGNATURE AND DATE
21. _____ UNIT COMMITTEE CHAIRMAN'S SIGNATURE AND DATE

LOCAL BOARD CHAIRMAN _____ (MUST BE SIGNED AND DATED)

SCOUTMASTER _____ (MUST BE SIGNED AND DATED)

FOR EAGLE REVIEW BOARD USE:

1. _____ EAGLE BOARD OF REVIEW SIGNATURE AND DATE
2. _____ IF BOARD OF REVIEW IS THREE TO SIX MONTHS AFTER APPLICANT'S 18TH BIRTHDAY, SUBMIT DOCUMENTATION STATING REASON FOR DELAY
3. _____ IF BOARD OF REVIEW IS TO BE CONDUCTED MORE THAN SIX MONTHS AFTER APPLICANT'S 18TH BIRTHDAY, CONTACT THE PIEDMONT COUNCIL OFFICE FOR PROCEDURES TO FOLLOW PRIOR TO SCHEDULING BOARD OF REVIEW
4. _____ BOARD OF REVIEW DATE
5. _____ DISTRICT REVIEW CHAIRMAN HAS CHECKED COMPLETION OF 1-21

DISTRICT EAGLE REVIEW BOARD CHAIRMAN _____ (MUST BE SIGNED AND DATED)