

Eagle Scout Service Project Proposal Form



Eagle Scout Candidate

Name: _____ Date: _____

Address: _____

Best Phone Number: _____

Email: _____

High School Attending: _____ Grade: _____

Troop Information

Troop #: _____ Troop Size: _____

Scoutmaster: _____

Scoutmaster Contact Phone Number: _____

Scoutmaster Contact Email: _____

Description of Eagle Scout Project

Location of Project: _____

Description of Project: _____

Anticipated Start Date: _____ Project Completion Deadline: _____

Important Notes

1. Service Project requests must be submitted for approval minimum six (6) months prior to your anticipated completion date. Applications take a minimum one (1) month for review.
2. Note that submittal of a Service Project request does not guarantee approval. Not all projects are accepted. Last minute projects will not be accepted.
3. Service Project requests are subject to review of your completed Official BSA Eagle Scout Service Project Workbook and any related documents / mappings.
4. Approved projects require our written sign-off prior to start of work.
5. Upon completion of Project please submit your Final Eagle Scout Workbook. Your project will then be subject to a final inspection. Allow a minimum one (1) month for final inspections.
6. As per Resolution 12-069, candidates desiring to dedicate their project to a family member or other loved one must also obtain separate written permission from the Township Administrator and Township Committee. This includes, but is not limited to memorial plaques and related signage, etc.

Signature of Eagle Scout Candidate: _____

Date: _____