GREATER LOS ANGELES AREA COUNCIL EAGLE APPLICATION CHECK SHEET

Eagle Candidate Name:		District Number:	Unit:
Address:			
Home Phone:		Mobile Phone:	
Email:			
DOB:	Date Joined:	Veri	fied:
Scoutmaster Name:	Ema	ail:	
I	Date of First Class Rank:		
1) Four months between First	Class and Star Rank	Verified by District:	
2) Six months between Star a	nd Life Rank	Verified by District:	
3) Six months between Life F	Rank and Eagle BOR	Verified by District:	
4) Required Merit Badges:	Use number of the Merit Badg	ge as listed on Eagle Application (1	– 13)
A. None earned p	orior to Join Date:		
B. Four Required	Prior to Star Rank	Date of Star Rank:	
1	2 3	4	
C. Three Require	d Prior to Life Rank	Date of Life Rank:	
1	2	3	
5) All Eagle Requirements Co	ompleted Prior to Scout's 18 th	Birthday. Verified by District: _	
6) While a Life Scout, served	in a position of responsibility	in the unit, actively for six months	:
Position:			
Position:			
7) Eagle Leadership Project			
Name of Beneficiary:		Total Project I	Hours:
Description and Location of	of Project:		
2 computer and 2 country			
FOR COUNCIL USE ONLY: Council Control Number:	Date	e of Eagle Board of Review:/_	
Date Documents Received at Council:		_	ne)
Date Documents Submitted to National		(PRINT Nam	ie)
Eagle Credentials Delivered to:			
Desciet Cienet			, ,
Receipt Signature:		Date:	/