

Eagle Project Application

Applicant Information

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Date of 18th Birthday _____

Estimated Eagle Scout Award Completion Date _____

Parent or Legal Guardian Information

Last Name _____ First Name _____

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Scout Leader Information

Last Name _____ First Name _____

Phone Number _____

Troop Information

Troop Number _____

Eagle Project Information

Name of Project to Complete _____

Explain Project in detail:

Proposed Starting Date _____ Time _____

Proposed Completion Date _____ Time _____

Approved by Scout Leader _____ Yes _____ No

Safety Concerns

Does the project pose any safety concerns? Who is going to monitor the project? Who will provide safety equipment if needed. (If any, list below)

Funding Information (cost analysis)

Estimated Project Cost _____

Estimated Fundraiser Amount _____

Estimated City of Cedar Hills Funding _____

