

## Eagle Scout Leadership Service Project

### Application Cover Sheet

(Will be retained by district after project approval)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ Age: \_\_\_\_\_  
State, Zip: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Date of Application: \_\_\_\_\_ Unit Type and #: \_\_\_\_\_

District (select district):          Northern Lights          Southern Prairie

Approximate Start date of Approved Project: \_\_\_\_\_  
Estimated time of project (your hours): \_\_\_\_\_  
Estimated time of project (others): \_\_\_\_\_  
Estimated total time of project: \_\_\_\_\_  
Approximate project completion date: \_\_\_\_\_  
Date I became a Life Scout: \_\_\_\_\_

The following information is also contained on other pages of the booklet, but please include it here for reference. Approval signatures must be done in the project booklet, please list names here.

Description of project you plan to do: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of group the project will benefit: \_\_\_\_\_

Address: \_\_\_\_\_

Name of official from group: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Unit Scoutmaster: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Committee Chair: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit Advancement Chairman: \_\_\_\_\_ Phone: \_\_\_\_\_

For Use by District:

Date Received: \_\_\_\_\_

Notes/Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To minimize any risk, you should use common sense, and must follow the safety guidelines in the current SA publication: Guide to Safe Scouting, A Unit Leader's Guide for Current Policies and Procedures to Safe Activities.

District Approval: \_\_\_\_\_ Date: \_\_\_\_\_