

REQUIREMENT 4. While a Life Scout, serve actively for a period of six months in one or more of the following positions of responsibility. **List only those positions served after Life board of review date.**

Boy Scout troop. Patrol leader, assistant senior patrol leader, senior patrol leader, troop guide, den chief, scribe, librarian, quartermaster, junior assistant Scoutmaster, chaplain aide, instructor, historian, Venture patrol leader

Varsity Scout team. Captain, cocaptain, program manager, squad leader, team secretary, librarian, quartermaster, chaplain aide, instructor, den chief

Venturer crew/ship. President, vice president, secretary, treasurer, boatswain, boatswain's mate, yeoman, purser, storekeeper

Date of Life Scout board of review

Month		Day		Year	

Position _____ FROM

Month		Day		Year	

 TO

Month		Day		Year	

Position _____ FROM

Month		Day		Year	

 TO

Month		Day		Year	

REQUIREMENT 5. While a Life Scout, **plan, develop, and give leadership to others** in a service project helpful to any religious institution, any school, or your community. The project idea must be approved by your Scoutmaster and troop committee and by the council or district before you start. **You must use the Eagle Scout Leadership Service Project Workbook, No. 18-927, in meeting this requirement.**

Date project was completed

Month		Day		Year	

REQUIREMENT 6. Attach to this application a statement of your ambitions and life purpose and a listing of positions held in your religious institution, school, camp, community, or other organizations during which you demonstrated leadership skills. Include honors and awards received during this service. Take part in a Scoutmaster conference with your unit leader.

Date conference was held

Month		Day		Year	

CERTIFICATION BY APPLICANT. On my honor as a Scout/Venturer, all statements on this application are true and correct. All requirements were completed prior to my 18th birthday.

Signature of applicant _____ Telephone _____ Date

Month		Day		Year	

UNIT APPROVAL (personal signatures required)

Signature of unit leader _____ Telephone _____ Date

Month		Day		Year	

Signature of unit committee chairman _____ Telephone _____ Date

Month		Day		Year	

BSA LOCAL COUNCIL CERTIFICATION. According to the records of this council, the applicant is a registered member of this unit and all dates listed are correct.

Signed _____ Position _____ Date

Month		Day		Year	

ACTIONS BY EAGLE SCOUT BOARD OF REVIEW. The applicant appeared before the Eagle Scout board of review on this date and this application was approved.

Review date

Month		Day		Year	

 This date will be used on the Eagle Scout credentials.

Signature of board chairman

Signature of council/district board representative (if applicable)

I certify that all procedures, as outlined in *Advancement Policies and Procedures*, have been followed. I approve this application.

Scout Executive _____ Date

Month		Day		Year	

Presentation of the rank may not be made until the Eagle Scout credentials are received by the BSA local council.



NATIONAL EAGLE SCOUT ASSOCIATION. The National Eagle Scout Association is a fellowship of men who have achieved the Eagle Scout rank. Membership embraces the top achievers of the Boy Scouts of America. Benefits include a subscription to *Eagletter*. The journal keeps NESA members informed on Scouting in general and Eagle Scouting in particular.

Applications are available at your local council service center.
Regular five-year memberships are \$25. Life memberships are \$180.

EDITIONS OF THIS APPLICATION PREVIOUS TO THE 1999 REVISION SHOULD NOT BE USED.

EAGLE SCOUT SERVICE VALIDATION

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