



BAY-LAKES COUNCIL EAGLE SCOUT DATA SHEET



Please return this form with the Eagle Scout Rank Application when it is submitted to the Center for Scouting following completion of the Eagle Scout Board of Review. Please contact Carrie Lehner at 920-734-5705 if you have any questions.

Eagle Scout Service Project

Eagle Scout's Name (Last, First, Middle) _____

Nickname (if any) _____ Date of Birth _____ Age _____

Unit Type/Number _____ Unit Leader _____

Chartered Partner (Unit's Sponsoring Organization) _____

Board of Review Date _____ District _____

Number of workers involved _____ Number of Hours _____

Who will benefit from your Service Project

Describe your Service Project

**** The following information is optional and will be used for internal purposes only. ****

Street Address _____ City _____ State _____ Zip _____

Phone _____ Email address _____

I attend school at _____ Grade _____

School District _____

Religious Institution I attend _____

Father's Name _____ Eagle Scout - N or Y, Year _____

Father's Occupation _____ Company _____

Mother's Name _____

Mother's Occupation _____ Company _____