



Snake River Council – Boy Scouts of America EAGLE CANDIDATE STATISTICS FORM

This sheet **MUST** be submitted with the Eagle Rank Application and the Eagle Scout Leadership Service Workbook.

District _____	District # _____	- SubDistrict # _____
SubDistrict Name (Stake) _____		
Unit Number of Troop, Team, or Crew _____		

*** A RECORD SEARCH FORM MUST ACCOMPANY THIS FORM.***
A COPY IS INCLUDED IN THIS PAMPHLET.

THE EAGLE CANDIDATE SHOULD STRIVE FOR 80-100 HOURS.

_____	_____	_____
First	Middle	Last

Address		
_____	_____	_____
City	State	Zip Code
(____) _____ - _____	_____ - _____ - _____	
Phone Number	Date of Birth	
_____	_____	
Age	***Eagle Board of Review Date	

Organization you did the project for

Contact Person from Organization

(____) _____ - _____

Phone Number

_____ **Total Personal Hours**

_____ **Number of Helpers on your project**

_____ **Hrs spent by helpers on your project**

_____ **Total number of hours spent on your project**

<u>FOR COUNCIL USE ONLY</u>		
Date Received	_____	
Date to Natl.	_____	
Eagle Kit Prepaid	YES	NO
UNPC **Revised 01/2004		

Please write one past tense sentence of what your project was about.