

LOCAL COUNCIL VERIFICATION FOR EAGLE APPLICATION PROCESS CHECK SHEET

Name: _____

Unit Type/Number: _____

EBOR must be completed by: ____/____/____

District: _____

Unit Leader: _____

Unit Leader Phone: _____

1.	Spelling of boy's name checked and legible	
2.	Complete and correct address (no abbreviations)	
3.	Date of Birth (check joining requirements)	
4.	Date became Boy Scout (must precede all merit badge and rank dates)	
5.	Date became 1st Class	
6.	Date became Star (must be 4 months between 1st Class and Star Ranks)	
7.	Date became Life (must be 6 months between Star and Life Ranks)	
NOTE: ALL DATE BOXES MUST BE COMPLETELY FILLED IN		
8.	a. Thirteen (13) required merit badges, 8 additional must be listed (21 total) b. MB #7, #8, and #9 have badge option not earned marked out	
9.	Must serve at least 6 months in an acceptable leadership position following Life Scout board of review date and before Unit Leader Conference	
10.	Eagle Project's name, total hours of service, and date completed on application	
11.	Unit Leader Conference date (must be prior to his 18th birthday)	
12.	Applicant's signature and dated on application	
13.	Application signed and dated by Current Registered Unit Leader	
14.	Application signed and dated by Current Registered Unit Committee Chairman	
15.	Attach Life Aims/Purpose Statement and Description of Honors and Leadership abilities)	
16.	Eagle Project workbook (project completed between Life & Eagle Board of Review and Prior to 18th birthday) a. Project approval signatures complete (Proposal Page E) b. Project completion signatures complete (Project Report Page C)	
17.	Minimum of Five (5) letters of reference (confidential, not to be seen by Scout) Employer is optional, and letters must match names listed on application.	
18.	JTE Certificate of Eagle Project Hours	