

Eagle Scout Leadership Service Project Workbook



Scout's name

Address

Telephone No.

Date of birth

E-mail (optional)

Unit No.

District

Local council

Unit leader's name

Address

Telephone No.

Unit advancement committee person's name

Address

Telephone No.

"BEFORE" PHOTOGRAPHS

Approval Signatures for Project Plan

Project plans were reviewed and approved by

Religious institution, school, or community representative Date

Scoutmaster/Coach/Advisor Date

Unit committee member Date

Council or district advancement committee member Date

IMPORTANT NOTE: You may proceed with your leadership service project only when you have

- Completed all the above mentioned planning details
- Shared the project plans with the appropriate persons
- Obtained approval from the appropriate persons

“AFTER” PHOTOGRAPHS

Including photographs of your completed project (along with the “before” photographs on page 9) helps present a clearer overall understanding of your effort.

Approvals for Completed Project

Start date of project _____

Completion date of project, including paperwork and final signature _____

The project was started and has been completed since I received the Life Scout rank, and is respectfully submitted for consideration.

Applicant’s signature

Date

This project was planned, developed, and carried out by the candidate.

Signature of Scoutmaster/Coach/Advisor

Date

Signature of the representative of religious institution, school, or community

Date