

**GREATER LOS ANGELES AREA COUNCIL
EAGLE APPLICATION CHECK SHEET**

Eagle Candidate Name: _____ District Number: _____ Unit: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

DOB: _____ Date Joined: _____ Verified: _____

Scoutmaster Name: _____ Email: _____

Date of First Class Rank: _____

1) Four months between First Class and Star Rank Verified by District: _____

2) Six months between Star and Life Rank Verified by District: _____

3) Six months between Life Rank and Eagle BOR Verified by District: _____

4) **Required Merit Badges:** Use number of the Merit Badge as listed on Eagle Application (1 – 13)

A. None earned prior to Join Date: _____

B. Four Required Prior to Star Rank Date of Star Rank: _____

1. _____ 2. _____ 3. _____ 4. _____

C. Three Required Prior to Life Rank Date of Life Rank: _____

1. _____ 2. _____ 3. _____

5) All Eagle Requirements Completed Prior to Scout's 18th Birthday. Verified by District: _____

6) While a Life Scout, served in a position of responsibility in the unit, actively for six months:

Position: _____

Position: _____

7) Eagle Leadership Project

Name of Beneficiary: _____ Total Project Hours: _____

Description and Location of Project: _____

FOR COUNCIL USE ONLY:

Council Control Number: _____

Date of Eagle Board of Review: ____/____/____

Date Documents Received at Council: ____/____/____ Received by: _____
(PRINT Name)

Date Documents Submitted to National: ____/____/____

Eagle Credentials Delivered to: _____
(Name)

Receipt Signature: _____ Date: ____/____/____