



EAGLE CANDIDATE STATISTICS FORM

Revised May 2012
(To be filled out by the District)

FOR COUNCIL USE ONLY

District # _____ Sub District # _____ Registered in Unit: Troop, Team, or Crew
Sub District Name (Stake/ Zone) _____

_____ District

_____ Unit Num

_____ Name (First Middle Last)

_____ Address

_____ City State Zip Code

(_____) _____
Phone Number Date of Birth

_____ Eagle Board of Review Date Current Age

_____ Organization Benefiting from Eagle Project

_____ (_____) _____
Contact Person Phone Number

_____ Total Personal Hours

_____ Number of Helpers on the Project

_____ Hours spent by helpers on the project

_____ Total hours spent on the project

_____ Total dollar amount spent on the project

- Please consider for Eagle Project of the Year
- Please consider for Conservation Project of the Year

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Received From: _____

Date Received: _____

Date to National: _____

Notes:

Please write a specific *past tense* sentence that summarizes the Eagle project.

