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| **Eagle Scout Service Hours Report** |
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| Please complete the following and email the completed form to the Troop 75 Advancement Coordinator. |
| Top of Form   |  |  | | --- | --- | |  |  | |  | | | Applicant's Full Name: |  | |  | | | Member ID (found on your membership card): |  | |  | | | Eagle Project Completion Date: |  | |  | | | Project Title (limited to 60 characters): |  | |  | | | Number of Scouts working on the project: |  | |  | | | Number of other youths working on the project: |  | |  | | | Number of Scout leaders working on the project: |  | |  | | | Number of other adults working on the project: |  | |  | | | Total number of hours spent by everyone working on the project: |  | |  | | | Total cost of materials required to complete the project: |  | |  | | | Which of the following categories best describes the Eagle Scout project? |  | |  |  | |  | | | What type of group benefits from the project? For example, church, city, state, civic organization, etc. (Do not use special characters in text) |  | |  | | | What specific group benefits from the project? For example, First Street Church, Lions Club, City Food Bank, etc. (Do not use special characters in text |  | |  | | | Briefly tell us about your project (Do not use special characters in text) | Characters available: |   Bottom of Form |