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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

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| Applicant's Full Name: |  |
|  |
| Member ID (found on your membership card): |  |
|  |
| Eagle Project Completion Date: |  |
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| Project Title (limited to 60 characters): |  |
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| Number of Scouts working on the project: |  |
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| Number of other youths working on the project: |  |
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| Number of Scout leaders working on the project: |  |
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| Number of other adults working on the project: |  |
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| Total number of hours spent by everyone working on the project: |  |
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| Total cost of materials required to complete the project: |  |
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| Which of the following categories best describes the Eagle Scout project? |  |
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| 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 |