

**BOY SCOUTS OF AMERICA**

*South Florida Council*

*Tequesta District*

*Advancement Committee*

This questionnaire will be used to summarize your information as well as your projects. This will assist us to be able to give accurate information for your project to the District office, Headquarters and/or to the media as required.

**Please print legibly.**

Eagle Scouts Name \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_ Date when you will became an eagle \_\_\_/\_\_\_/\_\_\_

Current Grade Level \_\_\_\_\_ High school you attend \_\_\_\_\_

Parents or Guardians \_\_\_\_\_

Troop# or Crew# \_\_\_\_\_ Scout Master or Crew Advisors \_\_\_\_\_

Names

Charter Organization:

Name \_\_\_\_\_

Address \_\_\_\_\_

Project Beneficiary Organization:

Name \_\_\_\_\_

Address \_\_\_\_\_

Brief Description of Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Cost \_\_\_\_\_ Total men Hours \_\_\_\_\_

Your Life aspiration and/or Career Goals, any other information you wish to share:

(This section is to be a summary of requirement 6 for The Eagle Application and will not take the place or replace that requirement):

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