

Applicants name	
Birth date	
Eagle Project Completion Date	
Project Title	
Number of Scouts Working on project	
Number of Other youth 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. (Be sure to include all of your preparation hours.)	
Total cost of Materials - Dollar Value of the Project to include all donations	
What type of group benefits from the project? (Chruch, city, state. Civic Organization, ect.)	
What group benefited from the project? (First Street Church, Lyons Club, 4 square food bank, ect...)	
Briefly tell us about your Project. What was your goal number and what number was completed? How many collected or painted or planted?	

Fill out each area and return with completed project