GREATER LOS ANGELES AREA COUNCIL EAGLE APPLICATION CHECK SHEET

Eagle (Candidate Name:	District Number: Unit:
Addres	ss:	
	Phone:	Mobile Phone:
Email:		
	Date Join	
Scoutm	naster Name:	Email:
	Date of First Class Rank	
1)	Four months between First Class and Star Rank	Verified by District:
2)	Six months between Star and Life Rank	Verified by District:
3)	Six months between Life Rank and Eagle BOR	Verified by District:
4)	Required Merit Badges: Use number of the Merit	Badge as listed on Eagle Application $(1-13)$
	A. None earned prior to Join Date:	
	B. Four Required Prior to Star Rank	Date of Star Rank:
	1 2	34
	C. Three Required Prior to Life Rank	Date of Life Rank:
	1 2	3
5)	All Eagle Requirements Completed Prior to Scout'	s 18 th Birthday. Verified by District:
6) While a Life Scout, served in a position of responsibility in the unit, actively for six month		ibility in the unit, actively for six months:
	Position:	
	Position:	
7)	Eagle Leadership Project	
	Name of Beneficiary:	Total Project Hours:
	Description and Location of Project:	
Council	OUNCIL USE ONLY: Control Number:	Date of Eagle Board of Review://
Date Do	cuments Received at Council://	Received by:(PRINT Name)
Date Do	cuments Submitted to National://	(PRINT Name)
Eagle Cı	redentials Delivered to:	Name)
Receipt	·	Date: / /