



Eagle Scout Project Application

Name:		Today's Date:	
Mailing Address (Street/City/State/ZIP):			
Phone:		Email:	
Age:		How did you hear about our agency?	
Anticipated total hours of service:			
Project Completion Date:			
Project Details:			
Project approved by: _____ Date: _____			
<u>For Staff Use Only</u>			
Follow-up completed with donor (please indicate method of follow-up and date completed):			
Project benefits which program/s :			
Program Contact:			
Phone:		Email:	
Program Address:			