

EAGLE SCOUT QUESTIONNAIRE

District: AQUIA District Board of Review Date: _____

Eagle Scout: _____ Phone No: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Sponsoring Institution: North Stafford Community Improvement League Unit: Troop 840
City: Stafford, Virginia 22554

Scoutmaster: _____ Phone No. (____) _____

Address: _____ City: _____ ST: _____ Zip: _____

Father: _____

Mother: _____

Vocational Interest:

- 1. _____
- 2. _____

Scouting Record: Years, Unit, Sponsoring Institution

Cub Scout: _____

Boy Scout: _____

Exploring: _____

Awards: (Order of the Arrow, 50 Miler, Historic Trails, Camping, Awards of Merit, etc)

Leadership Positions Held In:

Cub Scouts: _____

Boy Scouts: _____

Exploring: _____

Church: _____

School: _____

List Major Scouting Activities: (Jamboree, Junior Leader Training, Philmont, Northern Tier Sea Base)

Eagle Project Description (Organization Benefiting, Hours Worked, etc.)

Church Record

Name of Church or Synagogue: _____

Honors received:

Organizations:

School Record:

School Name: _____

Grade: _____ Grade Point Average: _____

Clubs or Organizations:

Honors:

Letters:

Offices Held:

Community Participation

Club or Organization:

Offices Held:

Community Service Projects:

Please answer all questions and return this questionnaire with your Eagle Scout Rank Application.

I authorize the troop to release relevant information related to this achievement (with the exception of my address and phone number) as part of a press release to the local newspapers or posted to the troop's web site.

Signature _____

(Parent's required if under 18 years of age):

Date: _____