

Eagle Advancement Kit

Eagle Scout Rank Application Processing

Eagle Candidate's Name: _____ Unit: _____ District: _____ Email: _____
Unit Leader's Name: _____ Phone: _____ Email: _____
Eagle Project Name and Beneficiary: _____ Total # Hours: _____ Total # Volunteers: _____
Unit Contact for Eagle Board of Review: _____ Phone: _____ Email: _____

Before the Eagle Scout Board of Review:

Council Certification:
Date Application Received by Council: _____
Application Received by: _____
Date Application Certified: _____
Council Certification by: _____

Eagle Scout Board of Review:
Date Application returned to District: _____
District Adv. Committee Rep.: _____
Date of Eagle Scout Board of Review: _____
Board of Review Recommendation:
Yes _____ No _____ Deferred _____
Eagle Scout Board of Review Notes:
Location for Board of Review Packet be picked up from
 Salinas San Jose

After the Eagle Scout Board of Review:

Council Action:
Date Application returned to Council: _____
Date Application sent to National: _____
Date Certificate received from National: _____

Person to notify when Certificate is received:
Name: _____
Phone #: _____
Date Notified: _____

Location for Certificate to be picked up from
 Salinas San Jose

Certificate picked up by:
Name: _____
Phone #: _____
Date: _____

Boy Scouts of America
Silicon Valley Monterey Bay Council
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