

Eagle Candidate's Name: _____ Unit Type & Number: _____ District: _____

Unit Leader's Name: _____ position: _____ Daytime Phone # _____ Home # _____ E-mail _____

Unit Committee Name: _____ position: _____ Daytime Phone # _____ Home # _____ E-mail _____

Eagle Advancement Kit

Eagle Scout Rank Application Processing

Before the Eagle Scout Board of Review:

District Approval (if needed):

Date Application Received: _____

Date Application Approved: _____

District Approval by: _____

Council Certification:

Date Application Received: _____

Application Received by: _____

Date Merit Badges Verified: _____

Council Certification by: _____

Eagle Scout Board of Review:

Date Application returned to District: _____

District Advancement Committee Rep.: _____

Eagle Scout Board of Review Date: _____

Board of Review Recommendation:

Yes _____ No _____ Deferred _____

Eagle Scout Board of Review Notes:

After the Eagle Scout Board of Review:

Council Action:

Date Application returned to Council: _____

Date Application sent to National: _____

Date Advancement Report to Registrar: _____

Date approval received from National: _____

Date Unit Leader notified: _____

Unit Leader Name: _____

Unit Leader phone #: _____

Unit Action:

Name of Unit person

authorized for pickup: _____

Date of expected pickup: _____

Santa Clara County Council
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