

Eagle Scout Project Checklist



→KEEP this form with your workbook

Scout Information					
Name:	Today's	date:	Phone:	Phone:	
Address:	City, ST	, Zip:	·	Unit:	
Reviewer Information					
Name:	Phone:		email:		
Address:		City, ST, Zip:			
Procedural Review					
☐ Use current JAC Eagle Scout Service Proposal Workbook (found on Council website).☐ Project has not been started prior to this review		☐ Candidate's nan	 □ Beneficiary is not-for-profit organization (not BSA) □ Candidate's name appears on all cover sections □ Email address listed for all contacts on Proposal Page B 		
Proposal Review - Proposal pages (P-B to E)					
 ☐ Project is not a fundraiser ☐ All CONTACT INFO blanks are completed (P-B) ☐ Reviewer completes page (P-B) ☐ Approval signatures (P-E) 		work on the sam Project greater in Candidate is pla	 □ Project is an individual one (no two Eagle candidates may work on the same project at the same time) □ Project greater in scope than a typical Star or Life project □ Candidate is planning project themself, not following canned instructions of other plans or downloaded from Internet 		
Subjective Review – Proposal pages (P-C to E); Fundraising Page (FP-A)					
 □ Project is clearly defined as to how it will help others (P-C) □ Photographs (with captions) represent scope of project □ Understands concept of Giving Leadership (P-D) □ Material-Supplies-Tools supported by details (P-D & E) □ Proposal does not require use of Fundraising Form (FP-A) □ Proposal requires Fundraising Form and is signed (FP-A) □ Project Phases are thoughtful (P-F) □ Logistics – understands how this applies to Project (P-F) 		 ☐ Candidate has considered health and safety factors, such as hazardous materials, adults operating power tools, and two-deep adult presence (P-G) ☐ Project Planning reveals consideration of Proposal (P-G) ☐ Reviewer records comments below ☐ Candidate has completed portions of Project Plan section Pages A ☐ B ☐ C ☐ D ☐ E ☐ 			
Reviewer's Comments					
		<u> </u>			
•		tion below & Workbook Proposal page E only if Approved)			
Approved	Returne	ed for Rewrite	Returned – not a	cceptable	
Date	Date		Date		
Reviewer detach here and return portion below to Eagle Committee Chairman (write legibly) once approved.					
Eagle Candidate:		Unit:	Date of approval:		
Address: City, ST, Zip		Zip:	Phone:		
Beneficiary organization:		Reviewed by:			
Unit Coach: Brief description of project:					