Eagle Candidate: Return this form as part of your Final Eagle Packet

___/___/___ _____ _____ _____

Date Unit Eagle Candidate (Print) _____

THIS FORM IS USED BY THE DISTRICT REVIEWERS WHEN REVIEWING INITIAL PROJECT WRITE-UP

_____

THD Project Reviewers Address & Phone Number

1. Y___ N___ Candidate is utilizing Eagle Scout Leadership Service Project Workbook No. 18-927A?
2. Y___ N___ Description of project is clear and understandable?
3. Y___ N___ Detail of project leadership is clear and understandable?
4. Y___ N___ Beneficiary is a not-for-profit organization (can't be BSA)?
5. Y___ N___ Project is clearly defined as to how it will help others?
6. Y___ N___ Project is not a fundraiser. (Fund raising may be done to acquire materials for the project)?
7. Y___ N___ There is a listing of materials and supplies (if appropriate)?
8. Y___ N___ There is a listing of cost of materials and supplies (if appropriate)?
9. Y___ N___ Candidate details who is paying for or donating materials (if appropriate)?
10. Y___ N___ Candidate is actually planning project himself, he is not just following the instructions of others? (Blood Drives, Donor Awareness, Food Drives, Clothing Drives etc.)
11. Y___ N___ Project is greater in scope than a typical Star or Life Project?
12. Y___ N___ Project is an individual one (No two Eagle candidates are working on the same project at the same time)?
13. Y___ N___ Are there adequate photographs to represent project (if appropriate)?
14. Y___ N___ Estimate project hours are adequate enough to demonstrate leadership?
15. Y___ N___ Size of work force is adequate enough to demonstrate leadership?
16. Y___ N___ Contacts and possible sources for workforce are listed?
17. Y___ N___ Are scouts being properly supervised by adults when using hazardous materials or equipment such as power tools. (Adults must operate power tools – except screwdrivers)?
18. Y___ N___ All blanks on pages 1, 5 & 6 of workbook are filled out (2 & 3 on old form)?
19. Y___ N___ Beneficiary approval and unit signatures?
20. Y___ N___ Has candidate considered all health and safety factors (if digging , pipes, cables, etc.)?
21. Y___ N___ If indicated, will a Local Tour Permit be filed with the Heart of America Council?
22. Y___ N___ Has the project been started prior to this review?

_____ Approved

_____ Returned for rewrite (See Reference No.)

_____ Project not acceptable as is (See Reference No.)

Comments:

If Additional Space is Needed, See Reverse.

THIS PORTION IS FOR DISTRICT EAGLE ADVANCEMENT RECORDS:

Date: ___/___/___ Unit: _____ Eagle Candidate (Print): _____

Project returned to: _____ Phone: _____

Project reviewed by: _____

Name of Beneficiary Organization: _____

Brief description of Project: