Eagle Scout Leadership Service Project Workbook



Scout's name
Address
Telephone No.
Jnit No.
District
Local council
Jnit leader's name
Address
Telephone No.
Jnit advancement committee person's name
Address
Telephone No.

PROJECT DESCRIPTION

Describe the project	you plan to do.		
	nefit from the project?	Telephone No.	
	stitution, school, or community	тетернопе ічо.	
Street address	City	State	Zip code
My project will be o	of benefit to the group because:		
This concept was d	scussed with my unit leader on		
The project concept	was discussed with the following r	Date epresentative of the group th	at will benefi
from the project.			
	Representative's name	Date of me	eting
	Representative's title	Phone N	lo.

PROJECT DETAILS =

f appropriate include photographs of the	area h	efore you begin your project. Providing be	foro
nd-after photographs of your project area			1016-
	Ü	•	
BEFORE" PHOTOGRAPHS			
Annroyal Signatures for Proje	act Pl	an	
		an	
		an	
roject plans were reviewed and approved		Scoutmaster/Coach/Advisor	Dat
roject plans were reviewed and approved	l by		Dat
roject plans were reviewed and approved	l by		
roject plans were reviewed and approved eligious institution, school, or community representative nit committee member	Date	Scoutmaster/Coach/Advisor Council or district advancement committee member	Dat
roject plans were reviewed and approved eligious institution, school, or community representative nit committee member	Date Date	Scoutmaster/Coach/Advisor Council or district advancement committee member ar leadership service project only when you	Dat Dat
Approval Signatures for Project plans were reviewed and approved eligious institution, school, or community representative nit committee member IMPORTANT NOTE: You may proceed w Completed all the above mentioned p	Date Date	Scoutmaster/Coach/Advisor Council or district advancement committee member ar leadership service project only when you	Dat

CARRYING OUT THE PROJECT

Record the progress of your project. Keep a record of how much time you spend planning and carrying out the project. List who besides yourself worked on the project, the days they worked, the number of hours they worked each day, and the total length of time others assisted on the project.

If appropriate, list the type and cost of any materials required to complete the project. If your original project plan changes at any time, be sure and document what the change was and the reason for the change.

for the change.		
Hours I Spent Working on the P	Project	
The length of time spent should be as adequatership of two or more individuals in planning		
Hours I spent: Planning the project	Carrying out the proj	ect
Total hours I spent working on the project: _		
Hours Spent by Scouts, Venture Working on the Project	ers, or Other Individua	ls
Name	Date	No. of Hours
Total number of hours others worked on the	project:	
For a grand total, add the total number of ho hours others worked on the project:		the total number of
Materials Required to Complete	e the Project	
Type of Material		Cost of Material

Change	
Changes List any changes made to the original project plan and explain why	w those changes were made
List any changes made to the original project plan and explain why	y those changes were made.
Photographs	
"AFTER" PHOTOGRAPHS	
Including photographs of your completed project (along with the "helps present a clearer overall understanding of your effort.	before" photographs on page
Approvals for Completed Project	
Start date of project Completion date of project _	
The project was started and has been completed since I received the respectfully submitted for consideration.	ne Life Scout rank, and is
Applicant's signature	Date
This project was planned, developed, and carried out by the candid	date.
Signature of Scoutmaster/Coach/Advisor	Date
Signature of the representative of religious institution, school, or community	 Date