



BOY SCOUTS OF AMERICA®

HEART OF AMERICA COUNCIL

EAGLE SCOUT & CERTIFICATE RETURN INFORMATION

Please return this form with the Eagle Scout Rank Application when it is submitted to the Council Service Center following completion of the Eagle Scout Board of Review. Please contact Debbie Read in the Program & Camping Office at 816.569.4900 if you have any questions.

Scout Name (Last, First, Middle) _____

Birth Date _____ Nickname (If any) _____

Street Address _____

City _____ State _____ Zip _____

Cell Phone _____ Email address _____

Unit Number _____ District _____ BOR Date _____

Please send the Eagle Scout Certificate to the following person:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

E-MAIL: _____

