Eagle Scout BOR
Preparedness Checklist

**SCOUT INFORMATION**

Name:  

Today’s date:  

Phone:  

Unit:  

**REVIEWER INFORMATION**

Name:  

Phone:  

e-mail:  

**EAGLE APPLICATION REVIEW**

☐ Using Eagle application 512-728 2019 printing  
☐ Full legal name provided (incl. middle, no initials)  
☐ Unit number and type are correct (e.g., Troop/Crew)  
☐ At least one “yes” box checked  
☐ Date of Birth shows Scout not over 18  
☐ 6 months between Star & Life  
☐ At least 5 references listed  
☐ No Merit Badges earned before join date  

☐ 4 Eagle-required MBs before Star (S-marked)  
☐ 3 Eagle-required MBs before Life (L-marked)  
☐ Only 1 MB for #7, #8, & #10 – (badge not earned)  
☐ Unit number provided next to each merit badge  
☐ Life dates equal on page 1 and 2  
☐ 6 months leadership after Life BOR  
☐ All signatures & dates completed  
☐ Req. 5: Project hours match Eagle Workbook  

**PROJECT PLAN WRITE-UP**

☐ Comments from Proposal Review (PP-A)  
☐ Significant descriptive material in all sections  
☐ Tables are descriptive and filled out.  
☐ Giving Leadership Section is very descriptive.  
☐ Safety issues are addressed.  
☐ Fundraising Application completed if required  
☐ All sections of Project Plan completed  

**SERVICE PROJECT REPORT**

☐ All sections of Service Project Report completed  
☐ Description; Observation; Changes;  
☐ Leadership;  
☐ Material, Supplies etc.  
☐ Service Project Data - Record Hrs Here (___)  
☐ Time log of volunteer hours included  
☐ Funding Summary Section Completed  
☐ “After” pictures with captions  
☐ Scout, Beneficiary, & Unit Leader signatures  

**PROCEDURAL REVIEW**

☐ Initial checklist returned with signature of reviewer  
☐ Statement of Life’s Ambitions included  

**REVIEWER’S COMMENTS**

☐  

☐  

☐  

☐  

☐  

☐  

**EAGLE REVIEW BOARD**

Unit board of review signatures:  

☐  

☐  

☐  

☐  

☐  

☐  

District Guest Chairman  

Name (print)  

Signature  

Scout displays Scout Spirit:  

☐ yes  

☐ no  

Board recommends rank of Eagle Scout:  

☐ yes  

☐ no  

Date  

(Return this checklist to Eagle Chairman after board of review)