



# EAGLE SCOUT RANK APPLICATION

**TO THE EAGLE SCOUT RANK APPLICANT.** This application is to be submitted after you have completed all requirements for the Eagle Scout rank. **Print in ink or type all information. List the month, day, and year for all dates.** When entering dates please use the format **mm/dd/yy** — for example, list the date July 8, 2022, as 07/08/22. When you have completed this application, sign it and submit it to your unit leader.

COUNCIL MUST COMPLETE	
COUNCIL NO.	TYPE OF UNIT
NST	UNIT NO.
PID NO. (REQUIRED)	
POSTHUMOUS: <input type="radio"/>	

**FULL LEGAL NAME (Use abbreviations if necessary; must fit within 30 characters, including spaces and punctuation.)**

Street address or P. O. box

City State ZIP code

Telephone (Including area code) Email

Troop, crew, ship, or Lone Scout Unit No.

Unit City State ZIP code

Date joined Scouts BSA  
 Date joined a Venturing crew  
 Date joined a Sea Scout ship  
 Date of First Class Scout board of review  
 Date of Star Scout board of review

MALE  FEMALE

Month (mm)	Day (dd)	Year (yy)

Were you a Cub Scout?  Yes  No  
 Were you a Webelos Scout?  Yes  No  
 Did you earn the Arrow of Light Award?  Yes  No  
 Had you completed fifth grade upon joining?  Yes  No

**AGE REQUIREMENT ELIGIBILITY.** Merit badges, badges of rank, and Eagle Palms may only be earned by registered Scouts, and qualified Venturers and Sea Scouts. They may earn these awards until their 18th birthday. Any Venturer or Sea Scout who achieved the First Class rank in a Scout troop or as a Lone Scout may continue working for the Star, Life, and Eagle Scout ranks and Eagle Palms while registered as a Venturer or Sea Scout up to their 18th birthday. **Scouts, Venturers, and Sea Scouts who have completed all requirements prior to their 18th birthday may be reviewed within 24 months after that date with no explanation.** Refer to the *Guide to Advancement*, No. 33088, section 8.0.3.1, for boards of review beyond that period.

A Scout, Venturer, or Sea Scout approved to be registered beyond the age of eligibility may work toward Scouts BSA rank advancement after their 18th birthday. See the *Guide to Advancement*, section 10.0.0.0, for details.

Date of birth

Month (mm)	Day (dd)	Year (yy)

**REQUIREMENT 1.** Be active in your troop, crew, or ship for at least six months as a Life Scout.

Date of Life Scout board of review

Month (mm)	Day (dd)	Year (yy)

**REQUIREMENT 2.** As a Life Scout, demonstrate that you live by the principles of the Scout Oath and Scout Law in your everyday life and tell how you have done your duty to God. List the names of individuals who know you personally and would be willing to provide a recommendation on your behalf.

Name	Address	Telephone	Email
Parents/guardians			
Religious			
Educational			
Employer (if any)			
Two other references			

**REQUIREMENT 3.** Earn a total of 21 merit badges (required badges are listed). List the month, day, and year the merit badge was earned and the unit number it was earned in.

MERIT BADGE	DATE EARNED	UNIT NO.	MERIT BADGE	DATE EARNED	UNIT NO.	MERIT BADGE	DATE EARNED	UNIT NO.
1 CAMPING			*8 EMERGENCY PREPAREDNESS OR LIFESAVING		15			
2 CITIZENSHIP IN THE COMMUNITY			*9 ENVIRONMENTAL SCIENCE OR SUSTAINABILITY		16			
3 CITIZENSHIP IN THE NATION			10 FIRST AID		17			
4 CITIZENSHIP IN SOCIETY			*11 SWIMMING OR HIKING OR CYCLING		18			
5 CITIZENSHIP IN THE WORLD			12 PERSONAL MANAGEMENT		19			
6 COMMUNICATION			13 PERSONAL FITNESS		20			
7 COOKING			14 FAMILY LIFE		21			

\*Cross out badges not earned. If a crossed-out badge in #8, #9, or #11 was earned, it may be reentered in 15 through 21. You must attach the Application for Alternative Eagle Scout Rank Merit Badges for those merit badges earned in place of the Eagle required badge(s).

**REQUIREMENT 4.** While a Life Scout, serve actively in your unit for a period of six months in one or more of the following positions of responsibility. **List only those positions served after Life board of review date.**

**Scout troop.** Patrol leader, assistant senior patrol leader, senior patrol leader, troop guide, Order of the Arrow troop representative, den chief, scribe, librarian, historian, quartermaster, junior assistant Scoutmaster, chaplain aide, instructor, webmaster, outdoor ethics guide.

**Venturing crew/Sea Scout ship.** President, vice president, secretary, treasurer, quartermaster, historian, den chief, guide, boatswain, boatswain's mate, yeoman, purser, storekeeper, chaplain aide, outdoor ethics guide, crew leader, media specialist, specialist or webmaster.

**Lone Scout:** Leadership responsibility in your school, religious organization, or club, or elsewhere in your community.

Date of Life Scout board of review     
Month (mm) Day (dd) Year (yy)

Position \_\_\_\_\_ FROM    TO     
Month (mm) Day (dd) Year (yy) Month (mm) Day (dd) Year (yy)

Position \_\_\_\_\_ FROM    TO     
Month (mm) Day (dd) Year (yy) Month (mm) Day (dd) Year (yy)

**REQUIREMENT 5.** While a Life Scout, **plan, develop, and give leadership to others** in a service project helpful to any religious institution, any school, or your community. (The project must benefit an organization other than the Boy Scouts of America.) A project proposal must be approved by the organization benefiting from the effort, your unit leader and unit committee, and the council or district before you start. **You must use the Eagle Scout Service Project Workbook, No. 512-927, in meeting this requirement.**

Project name: \_\_\_\_\_ Date project finished     
Month (mm) Day (dd) Year (yy)

Grand total of hours: \_\_\_\_\_ (from Eagle Scout Service Project Workbook—for statistical purposes only)

**REQUIREMENT 6.** While a Life Scout, participate in a unit leader conference.

Date conference was held     
Month (mm) Day (dd) Year (yy)

**CERTIFICATION BY APPLICANT.** On my honor as a Scout, Venturer, or Sea Scout all statements on this application are true and correct. All requirements, with the exception of my board of review, were completed prior to my 18th birthday.\*

**In preparation for your board of review, prepare and attach to your Eagle Scout Rank Application a statement of your ambitions and life purpose and a listing of positions held in your religious institution, school, camp, community, or other organizations, during which you demonstrated leadership skills. Include honors and awards received during this service.**

Signature of applicant \_\_\_\_\_ Telephone \_\_\_\_\_ Date     
Month (mm) Day (dd) Year (yy)

\*Or the date established by an extension of time granted by the National Council (see the Guide to Advancement, section 9.0.4.0.). The completion date does not apply to Scouts registered beyond the age of eligibility as provided for in the Guide to Advancement, section 10.0.0.0.

**UNIT APPROVAL** (personal signatures required)

Signature of unit leader \_\_\_\_\_ Telephone \_\_\_\_\_ Date     
Month (mm) Day (dd) Year (yy)  
Scoutmaster, Advisor, or Skipper

Signature of unit committee chair \_\_\_\_\_ Telephone \_\_\_\_\_ Date     
Month (mm) Day (dd) Year (yy)

**BSA LOCAL COUNCIL VERIFICATION.** According to the records of this council, the applicant is a registered member of this unit and this application is approved as accurate.

Signed \_\_\_\_\_ Position \_\_\_\_\_ Date     
Month (mm) Day (dd) Year (yy)

**REQUIREMENT 7.** Successfully complete your board of review for the Eagle Scout rank.

The applicant appeared before the Eagle Scout board of review on this date, and this application was approved. Date     
Month (mm) Day (dd) Year (yy)

\_\_\_\_\_  
Signature of Eagle Scout board of review chair      \_\_\_\_\_  
Signature of council/district board representative (if applicable)

I certify that all procedures, as outlined in the *Guide to Advancement*, have been followed. I approve this application.

Scout executive \_\_\_\_\_ Date     
Month (mm) Day (dd) Year (yy)

**Presentation of the rank may not be made until the Eagle Scout credentials are received by the BSA local council.**



**NATIONAL EAGLE SCOUT ASSOCIATION.** As an Eagle Scout, you may now join the National Eagle Scout Association, a fellowship of the top achievers of the Boy Scouts of America. As a NESAs member, you have networking opportunities with other Eagles and will stay connected to the latest Scouting news. A portion of your membership fee supports NESAs many programs such as providing college scholarships.

**Apply for your NESAs membership <https://nesa.org/why-join/>**

## 11.2.0.0 Request for Extension of Time to Earn the Eagle Scout Rank

Check if this is for extension of time to earn Quartermaster Rank  OR Summit Rank

A Scout, parent or guardian, unit leader, or unit committee member may use this form to petition for an extension of time to earn the Eagle Rank. Before completion, please refer to the *Guide to Advancement*, "Time Extensions," 9.0.4.0, and "Process for Requesting and Reviewing a Time Extension," 9.0.4.1, and additional instructions on the reverse side.

**Date:** *Please print legibly*

Candidate's full name \_\_\_\_\_ PID No. \_\_\_\_\_

Date of 18<sup>th</sup> birthday \_\_\_\_\_ Life board of review date \_\_\_\_\_

Current unit membership — choose one: TROOP  CREW  SHIP  Unit No. \_\_\_\_\_

Petitioner \_\_\_\_\_ *[Scout, parent or guardian, unit leader, or unit committee member]*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred phone \_\_\_\_\_ Email \_\_\_\_\_

Name of unit leader \_\_\_\_\_ Preferred phone \_\_\_\_\_

Email \_\_\_\_\_

### **Requirements remaining to be completed and projected completion dates**

Position of responsibility — Date requirement will be completed \_\_\_\_\_

Scoutmaster conference — Date conference will be held \_\_\_\_\_

Service project — Projected completion date \_\_\_\_\_

Brief description\* \_\_\_\_\_

*\*Attach description if additional space needed.*

Merit badges — Attach list of merit badges yet to be completed with projected completion dates.

### **Provide brief summary of circumstances causing delay in advancement**

### **Length of extension requested — [the number of months beyond the 18<sup>th</sup> birthday]**

Length of extension: \_\_\_\_\_ months

How was the number of months determined? \_\_\_\_\_

### **Documentation to attach — [Be sure to include names and dates in all attached documentation]**

- Required: Letter that provides details on how each of the three tests listed in the *Guide to Advancement*, "Time Extensions," 9.0.4.0, have been fulfilled. [Include key dates and names of people involved.]
- Statements from people who have knowledge of what caused the delay in advancement.
- If cause is health related, a statement from a health professional.

Submit this form to your council service center in person, electronically, or by mail to the attention of the staff advisor for advancement or other council-designated advancement administrator.

### **Office Use Only**

Council advancement committee recommendation:  Approve  Deny Signed \_\_\_\_\_ Date \_\_\_\_\_

Scout executive action:  Approve  Deny Signed \_\_\_\_\_ Date \_\_\_\_\_

## Additional instructions for completing the form

### “Request for Extension of Time to Earn the Eagle Scout Rank.”

1. The Scout should continue to work on advancement throughout the extension request process.
2. All documentation must be dated and include the name of the author.
3. The importance of reading *Guide to Advancement* topics 9.0.4.0 and 9.0.4.1 cannot be understated.
4. The “petitioner” is the person submitting the request.
5. The preferred phone number is the one that will be used to contact the petitioner or the unit leader. Alternative phone numbers may be entered in the space below the preferred phone.
6. Note that a Scoutmaster conference should not be a reason for a longer extension. See *Guide to Advancement*, “Unit Leader (Scoutmaster) Conference,” 4.2.3.5.
7. The three tests covered in “Time Extensions,” 9.0.4.0 appear below.

**Test #1:**

The member joined or rejoined (or became active again after a period of inactivity, or became refocused on advancement after a period of inattention) in time to complete all requirements before turning 18.

**Test #2:**

Through no fault or choice of the Scout, an unforeseen circumstance or life-changing event with severe consequences has come to exist that now precludes completion of the requirements before the deadline. Examples might include, but are not limited to, a hospital stay, disabling injury, significant personal or family incident or issue, natural disaster, severe unseasonable weather, or the actions of others (see below, “Misinformation from adults in positions of authority”). If the circumstance is health related, it should have been unforeseen and of recent onset, or a complication or intensification of an ongoing issue.

**Test #3:**

The circumstance is beyond the control of the Scout, could not have been anticipated or planned for, and did not or cannot be resolved in time to complete the requirements.

8. The length of the requested extension should be stated in the number months after the 18<sup>th</sup> birthday, not the number of months from the date the request is submitted.
9. Note that a month is a month regardless of how many days it has. It is not 30 days or four weeks. For a more complete definition, see “Definition of a month” under 9.0.4.1.
10. The number of months necessary to complete the remaining requirements determines the length of an extension. For example, if after a hospital stay of six months, all a Scout has left to complete is two months in a position of responsibility, two months could be granted.
11. The letter described under “Documentation to attach” is the petitioner’s opportunity to make the case for an extension. To make the best case, it should be based on the three tests listed above.
12. Statements from people who know about what happened to cause the advancement delay are helpful and should be attached. This might include a statement, for example, from an adult in a position of authority who made an error in advising or instructing a Scout.
13. Extensions based on health issues require a health professional’s statement. The statement should be accompanied by an explanation of how the issue leads to the need for an extension. For example, if a doctor’s statement describes an injury, the petitioner must state how this caused the delay in advancement.
14. Note that disabilities, including learning disabilities, may or may not be cause for an extension. For details, see “Scouts with disabilities — extension or registration beyond the age of eligibility?” under 9.0.4.0. It is also helpful to read 10.0.0.0 in Section 10, “Advancement for Members With Special Needs.”

## 11.2.1.0 Appeal of Extension Request Denial

Date: \_\_\_\_\_

*Please print legibly*

Should a Scout or his or her parent or guardian decide to appeal the denial of a request for an extension of time to earn the Eagle, Quartermaster, or Summit rank, the council is responsible for assisting and coordinating the effort. Members of the council advancement committee, in conjunction with the Scout executive, complete this form and then scan it with all the documentation described below into one PDF. This single PDF must be emailed to [advancement.team@scouting.org](mailto:advancement.team@scouting.org).

Scout's full name \_\_\_\_\_ PID# \_\_\_\_\_

Council name \_\_\_\_\_ Council No. \_\_\_\_\_

**Familiarity with the *Guide to Advancement* topics on extensions is essential:**

9.0.4.0 "Time Extensions"

9.0.4.1 "Process for Requesting and Reviewing a Time Extension" *[Pay special attention to items #4 and #5.]*

9.0.4.2 "Appealing a Time Extension Denial"

**Attach the following documentation:**

- Copy of fully completed form "Request for Extension of Time to Earn the Eagle Scout Rank." See *Guide to Advancement*, appendix, 11.2.0.0. This is the nationally recommended form for initiating an extension request. A council's own extension request form may be submitted instead as long as it includes the same information.
- An update on any requirements yet to be completed if additional work on advancement is not reflected on the extension request form referenced in the previous checkbox.
- Copies of all statements, interview notes, and any other information collected throughout the extension request and review process, either from the Scout or from others who have knowledge of the case.
- Detailed statement explaining the council's reason for denial.
- Copy of denial letter sent to Scout.
- Printout of the current BSA Person Listing for the Scout.

**Please provide names and contact information for the following:**

Position or Relationship	Name	Preferred Phone	Email Address
CAC* chair			
CAC staff advisor			
Unit leader			
Parent or guardian			

\*Council advancement committee

**Scout executive certification**

I have reviewed this Scout's case for an appeal, along with this form and accompanying documentation. I certify that it is complete and correct to the best of my knowledge.

Scout executive name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

***Scan all documents into one PDF document and email to [advancement.team@scouting.org](mailto:advancement.team@scouting.org).***