



PRINCIPAL'S APPRAISAL OF EAGLE CANDIDATE

SCOUT NAME _____ **UNIT#** _____

The Scout who hands you this is seeking to qualify for the Eagle Scout Award of the Boy Scouts of America. He will be required to appear before a group of adult leaders serving as a reviewing body concerned primarily with his:

- ❖ School attendance
- ❖ School citizenship
- ❖ Ability to get along with others
- ❖ Capacity for growth
- ❖ Concern for himself by improving his mental and physical fitness to the limits of his resources

At your discretion, you may have another school official make this appraisal and sign it.

(Use reverse side of needed)

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SIGNED _____

DATE _____

TITLE _____

MAIL TO:

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____



PARENT APPRAISAL OF EAGLE CANDIDATE

SCOUT NAME _____ **UNIT#** _____

Your son is seeking to qualify for the Eagle Scout Award of the Boy Scouts of America. He will be required to appear before a group of adult leaders serving as a reviewing body concerned with the development of his:

- ❖ Ability to live and work cooperatively with other members of the family
- ❖ Ability and desire to help others
- ❖ Acceptance of responsibility
- ❖ Character development
- ❖ Concern for others
- ❖ Home citizenship

Please feel free to advise the Review Board of anything which you consider important to his health, happiness, and emotional development. Information furnished will be treated in confidence.

(Use reverse side of needed)

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SIGNED _____

DATE _____

TITLE _____

MAIL TO:

NAME _____ **ADDRESS** _____

CITY _____ **STATE** _____ **ZIP** _____



UNIT LEADER'S APPRAISAL OF EAGLE CANDIDATE

SCOUT NAME _____

UNIT# _____

Please indicate to the Review Board the relative strengths of the candidate and areas in which you feel he needs improvement.

These could include:

- ❖ Concern for others
- ❖ Adheres to the Scout Oath and Law
- ❖ Ability or desire to help others through skills he has learned
- ❖ Capacity for leadership
- ❖ Ability to live and work with others
- ❖ Attendance and uniforming

(Use reverse side if needed)

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SIGNED _____

DATE _____

TITLE _____



RELIGIOUS APPRAISAL OF EAGLE CANDIDATE

SCOUT NAME _____ **UNIT#** _____

The Scout who hands you this is seeking to qualify for the Eagle Scout Award of the Boy Scouts of America. He will be required to appear before a group of adult leaders serving as a reviewing body concerned with the development of his:

- ❖ Belief in the Supreme Being
- ❖ Concern for others
- ❖ Ability and desire to help others
- ❖ Capacity for leadership
- ❖ Acceptance of responsibility
- ❖ Character development
- ❖ Ability to live and work cooperatively with others

Information furnished will be treated in confidence.

(Use reverse side of needed)

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SIGNED _____ **DATE** _____

TITLE _____

MAIL TO:

NAME _____ **ADDRESS** _____

CITY _____ **STATE** _____ **ZIP** _____