

GLAAC Metropolitan District Advancement Committee Eagle Project Information Sheet

Scout's name:	Troop #:
Mailing address:	
Phone #:	Date of birth:
Email address:	
Scoutmaster's name:	Email address:
Join Date (obtained from the council office):	
Project beneficiary (name of the organization) and city:	
Name of the project and brief description:	

To be filled by the Advancement Committee:

	Date										
1		Camping	First contact date:								
2		Citizenship in the Community	_____								
3		Citizenship in the Nation	Project approval date:								
4		Citizenship in the World	_____								
5		Communication									
6		Cooking	Registration complete? (Yes) (No)								
7		Emergency Preparedness OR Lifesaving									
8		Env. Science OR Sustainability									
9		First Aid	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Scout</td> <td style="width: 80%;"></td> </tr> <tr> <td>First Class</td> <td></td> </tr> <tr> <td>Star</td> <td></td> </tr> <tr> <td>Life</td> <td></td> </tr> </table>	Scout		First Class		Star		Life	
Scout											
First Class											
Star											
Life											
10		Swimming OR Hiking OR Cycling									
11		Personal Management									
12		Personal Fitness									
13		Family Life									
14			Troop positions								
15			>								
16			>								
17											
18			Total project hours:								
19			_____								
20											
21											