

Wheatland-Chili Central School District
Eagle Scout Project Application

Please complete all items below and on the following page.

PERSONAL INFORMATION

DATE OF APPLICATION: _____

Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Troop Name: _____

Scoutmaster Name, Phone Number, and Email Address: _____

PROJECT DETAILS

Proposed Start Date: _____

Proposed End Date: _____

What is the project that you are planning? _____

Who will benefit from your project? _____

How will the District benefit from your project? _____

On a separate piece of paper, please attach a description of your project. Be sure to provide information including: the current condition of project area; project planning details; anticipated start and end dates; any safety hazards that might be encountered, how you will ensure each participant's safety, and any other information you wish to include. Please also provide the Boy Scouts of America's certificate of insurance covering the Eagle Scout and any volunteers participating in the proposed Eagle Scout project.

