



BOY SCOUTS OF AMERICA

ERIE SHORES COUNCIL

BOY SCOUTS OF AMERICA

## UNIT LEADER'S APPRAISAL OF EAGLE CANDIDATE

**SCOUT'S NAME** \_\_\_\_\_ **UNIT#** \_\_\_\_\_

Please indicate for the Board of Review 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
- Ability to live and work with others
- Attendance and uniforming

*(Use reverse side if necessary)*

\*\*\*\*\* **Do Not Return This To The Scout** \*\*\*\*\*

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

**Title** \_\_\_\_\_



ERIE SHORES COUNCIL

BOY SCOUTS OF AMERICA

## EDUCATOR'S APPRAISAL OF EAGLE CANDIDATE

**SCOUT NAME** \_\_\_\_\_ **UNIT #** \_\_\_\_\_

The Scout who hands you this is seeking to qualify for the Eagle Scout Rank in Boy Scouts of America. He is required to appear before a group of adults at a Board of Review who will seek to learn who he really is.

We need your help in the following:

- School attendance
- School citizenship
- Ability to get along with others
- Capacity for growth
- Leadership abilities if any demonstrated
- School organizations involved in if any

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

*(Use reverse side if necessary)*

\*\*\*\*\* **Do Not Return This To The Scout** \*\*\*\*\*

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Title** \_\_\_\_\_

**Mail To:**

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_



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## RELIGIOUS APPRAISAL OF EAGLE CANDIDATE

SCOUT NAME \_\_\_\_\_ UNIT # \_\_\_\_\_

The Scout who hands you this is seeking to qualify for the Eagle Scout Rank in Boy Scouts of America. He is required to appear before a group of adults at a Board of Review who will seek to learn who he really is.

We need your help in the following areas of his growth.

- His belief in the Supreme Being
- Concern for others
- Ability and desire to help others
- His leadership abilities
- Acceptance of responsibility
- Character development
- Ability to live and work cooperatively with others

Please keep this information in confidence and we will hold it in confidence also.

*(Use reverse side if necessary)*

\*\*\*\*\* **Do Not Return This To The Scout** \*\*\*\*\*

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Mail To:

Name \_\_\_\_\_ Address \_\_\_\_\_

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



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### PARENT APPRAISAL OF EAGLE CANDIDATE

**SCOUT NAME** \_\_\_\_\_ **UNIT #** \_\_\_\_\_

Your son is seeking to earn the Eagle Scout Rank from the Boy Scouts of America. He will have to appear before an Eagle Scout Board of Review who will question him on his development in the following areas:

- Ability to live and work with other members of his family.
- His ability to help others.
- Acceptance of responsibility
- Character development
- Concern for others
- Citizenship
- Leadership around the house and community.

Please feel free to advise the Board of anything, which you consider important to his health, happiness and emotional development. Please keep this in confidence and the Board will also keep it in confidence.

*(Use reverse side if necessary)*

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**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Title** \_\_\_\_\_

**Mail To:**

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_



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## REFERENCE APPRAISAL OF EAGLE CANDIDATE

**SCOUT NAME** \_\_\_\_\_ **UNIT #** \_\_\_\_\_

The Scout who hands you this is seeking to qualify for the Eagle Scout Rank in Boy Scouts of America. He is required to appear before a group of adults at a Board of Review who will seek to learn who he really is.

Any information regarding the following would be helpful:

- Leadership of the individual
- How you came to know him
- How long have you known him
- Ability to work with others
- Concern for others

Please keep this in strict confidence as the Board of Review will also keep it in strict confidence.

*(Use reverse side if necessary)*

\*\*\*\*\* **Do Not Return This To The Scout** \*\*\*\*\*

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Title** \_\_\_\_\_

**Mail To:**

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_



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*(Use reverse side if necessary)*

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**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Title** \_\_\_\_\_

**Mail To:**

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_