

# BSA TROOP 99

## Good Turn for America/Eagle Project Reporting Form

NOTE: Both pages 1 and 2 to be completed by Eagle Scout coordinating this Eagle Project.

If this is not an Eagle Project, please use the Good Turn for America/Community Service Activity Reporting Form instead of this one.

<b>Full Name of Scout:</b>	<b>Total Hours of Participation for this Scout on this Project:</b>
<b>Member ID number:</b>	<b>List your patrol:</b>

**Project Title:**

**Date of Activity (if more than one day, list beginning and ending dates):**

**Date of Completion of Eagle Project:**

**Total cost of materials required to complete project:**

**Determine the category that best describes your Eagle Project. Check the ONE most appropriate box. Use OTHER for project types not listed. Choose only ONE from this list of fourteen. Then fill in requested information.**

<input type="checkbox"/> 1. Collecting books	Total number of items collected or distributed: _____.		
<input type="checkbox"/> 2. Collecting clothes/shoes	Total number of items collected or distributed: _____.		
<input type="checkbox"/> 3. Collecting School Supplies	Total number of items collected or distributed: _____.		
<input type="checkbox"/> 4. Collecting other items	Total number of items collected or distributed: _____.		
<input type="checkbox"/> 5. Blood Drive	Total number of units of blood collected: _____.		
<input type="checkbox"/> 6. Environmental	<input type="checkbox"/> 7. Building/Construction	<input type="checkbox"/> 8. Education	<input type="checkbox"/> 9. Painting
<input type="checkbox"/> 10. Repairs	<input type="checkbox"/> 11. Landscaping/Beautification	<input type="checkbox"/> 12. Trail/Road Construction	<input type="checkbox"/> 13. Conservation
<input type="checkbox"/> 14. Other: DESCRIBE-BE SPECIFIC : _____.			

**Indicate the TYPE of group benefiting from the activity. Check ALL that apply. Fill in blank lines when applicable.**

<input type="checkbox"/> American Red Cross	<input type="checkbox"/> Habitat for America	<input type="checkbox"/> Salvation Army	<input type="checkbox"/> U.S. Dept. of Health	<input type="checkbox"/> America Supports You
<input type="checkbox"/> Meals on Wheels	<input type="checkbox"/> Goodwill Industries	<input type="checkbox"/> U.S. Forest Service	<input type="checkbox"/> National Park Service	<input type="checkbox"/> Housing Authority
<input type="checkbox"/> Local Blood Bank	<input type="checkbox"/> Local Food Bank	<input type="checkbox"/> Long Term Care Facility	<input type="checkbox"/> Shelter for Abused	<input type="checkbox"/> Local Medical Facility
<input type="checkbox"/> Civic Organization	<input type="checkbox"/> Shelter for Homeless	<input type="checkbox"/> State Dept of Natural Resources: DE / PA / NJ / MD / Other _____.		
<input type="checkbox"/> Church	<input type="checkbox"/> Synagogue	<input type="checkbox"/> Mosque	<input type="checkbox"/> Service Organization	<input type="checkbox"/> Order of Arrow Lodge
<input type="checkbox"/> School	<input type="checkbox"/> City or Municipality	<input type="checkbox"/> County	<input type="checkbox"/> Park or Refuge: circle one - City / County / State / National	
<input type="checkbox"/> Other (DESCRIBE-BE SPECIFIC) _____.				

**Provide NAME and ADDRESS of the specific group benefiting from your project:**

<b>Number of Scouts participating in the activity:</b>	<b>Number of Adult Scout Leaders participating:</b>
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<b>Number of Non-Scout youth participating:</b>	<b>Number of other Adults participating:</b>
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**Total Hours Completed (include Troop 99 members and non-members and adults) from Start to Completion: (example: Eagle Scout worked 60 hours plus 16 scouts and 4 adult scout leaders worked 2 hours each = 100 total hours)**

**BRIEFLY DESCRIBE YOUR EAGLE PROJECT:**

