

# Parks Eagle Scout Project Application



Name: \_\_\_\_\_

Date you turn 18: \_\_\_\_\_

Address: \_\_\_\_\_

Life Scout Rank: YES NO

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade (circle one):

Cell #: \_\_\_\_\_

Freshman Sophomore Junior Senior

Home #: \_\_\_\_\_

School: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Best way to be contacted: \_\_\_\_\_

Extracurricular activities:

When? (season, time, days)

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Project location (if known): \_\_\_\_\_

Type of Project: \_\_\_\_\_

Description of Project: \_\_\_\_\_

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When would your project take place? \_\_\_\_\_

What tools/materials will you need? \_\_\_\_\_

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How do you plan to recruit volunteers? \_\_\_\_\_

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