



Eagle Scout Rank Application BSA Local Council Verification Intake Form

BOY SCOUTS OF AMERICA, CENTRAL FLORIDA COUNCIL

Wayne Densch Service Center

ATTENTION: Lynette K. Dukes

1951 S. Orange Blossom Trail

Apopka, Florida 32703-7747

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Please find attached the following for _____ (Scout's Name) of
_____ (Unit & Number):

 X

BSA Local Council Verification

Please provide the following when requesting BSA Local Council Verification from the Eagle Registrar (prior to your Eagle Board of Review being scheduled): Please MAIL all documents. Please DO NOT hand deliver.

1. **Original Eagle Scout Rank Application (2020 Printing) for BSA Local Council Verification – One (1) Sided Only** – Original Signatures on Page 2 – No Scans – Must be mailed.
2. **Statement of Ambitions and Life Purpose**
3. **Copy of Project Proposal Approval Signature Page AND**
4. **Copy of Project Completion Signature Page**
5. **Completed Service Hours Reporting Information Page**
6. **This Intake Form completed.**
7. If your Eagle Scout Service Project utilized the *Dr. Phillips Matching Eagle Grant* the **Final Report/Step 3 must be submitted to [david.tota@cflscouting](mailto:david.tota@cflscouting.org) before verification can be completed.**

PLEASE DO NOT INCLUDE YOUR EAGLE SCOUT SERVICE PROJECT WORKBOOK!

When Verified, please **Mail** to:

Name: _____

Street Address: _____

City, State and Zip Code: _____