## Eagle Scout Supplemental Information

This form is designed to help the council develop media releases about new Eagle Scouts and to ensure maximum recognition for the accomplishment.

Date of Rank: Ea	gle Scout's Full Name:_				
Birthdate:	Age:	Phone:			
Address:		City:	State:	Zip:	
Troop: Chartered Organi	zation:		Ci	ty:	
District:	Years in Scouting:_	Nı	Number of Merit Badges earned:		
Member: Order of the Arrow: Firecrafter:		<u> </u>	<b>-</b>	onor Member  Minisino	
Positions of leadership in Scoutin	g:				
Scoutmaster's Name:			Phone:		
Father's Name:			Phone:		
Father's address if different from	above:				
City:	State	e:	Zip:		
Father's E-Mail Address:					
Mother's Name:			Phone:		
Mother's address if different from	above:				
City:					
Mother's E-Mail Address:					
Eagle Scout's School:					
Class standing or grade point aver	rage: Coll	ege plans if known:			

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ttend religious services at:				
.ddress:		City:	State:	Zip:
agle Project (brief descript	ion ~ attach separate sheet	t if necessary)		
ocation (address):				
umber of volunteers that w	orked on the project:			
egun (date):		Completed (date):		
hom did/will this the Eagle	e project benefit?			
Iow did/will the project ben	efit them?			
Details of Eagle Rank Prese	entation (if known):			
My Eagle rank will be presen	nted at a court of honor			
Pate:	Time:	Place:		
lease name vour local news	spaper(s) where you would	l like your information submi	itted.	

When form is completed, submit with a color, head and shoulders picture of the Eagle (preferably in uniform). Photo should be a .jpeg file, minimum 300 DPI and at least 3 x 5 inches and can be emailed to the address below. Deadline: Preferably two to four weeks prior to the Eagle court of honor.

Please return this form to:

Gina Sherrill

Crossroads of America Council

Scouting America

7125 Fall Creek Road North Indianapolis, IN 46256 or gina.sherrill@crossroadsbsa.org

If you have questions, please call the council office at 317-813-7065 or toll free at 877-925-1900.