



Eagle Scout Application Routing Form Mid-Iowa Council



Please return this form with the Eagle Scout Rank Application when it is submitted to the Council Service Center *after completion* of the Eagle Scout Board of Review. Please print legibly. Contact Randy Rosander at (515) 266-2135 if you have any questions.

Scout Name _____ BOR Date _____
(Last, First, Middle) (Date Approved)

IMPORTANT – THE FOLLOWING INFORMATION IS REQUIRED FOR SUBMISSION

Print the names of the two persons who signed at the BOR to approve this advancement:

Eagle Scout Board of Review Chair

Council/District Board Representative

More About This Scout

We would like to learn more about new Eagle Scouts and their families, and would appreciate some additional information about this Scout:

Nickname or name normally used informally _____

Scout attends school at _____ Grade _____

School District _____

School/Sports activities _____

Religious institution, community and other activities _____

Father's Name _____

Father's Occupation _____ Company _____

Mother's Name _____

Mother's Occupation _____ Company _____

Eagle Scout Credentials Packet Delivery

Please confirm the mailing address for delivery of Eagle Scout Credentials to the Scoutmaster. The certificate, card and congratulatory letters will be delivered to:

Name: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

E-mail: _____