

**Heart of Ohio Council
Application for Eagle Service Project Grant**

Scout's name _____ Troop No. _____

Scout's Address _____ City _____

Phone number _____ e-mail _____ @ _____

Total cost of project _____ Amount earned so far _____

Amount being requested (up to 10% of amount earned so far) _____

Attach a brief (25-50 words) description of efforts made to earn the full amount needed and the reasons why that amount has not been earned.

I have reviewed this application and the attached narrative and recommend granting the requested amount

Scoutmaster's signature _____ Date _____

Send this completed application to your District Advancement Chairman

I have reviewed this application and recommend do not recommend that it be granted
(attach reason)

District Advancement Chairman's signature _____

Date _____

Send this application to the Council Advancement Chairman

I have reviewed this application and recommend do not recommend that it be granted
(attach reason)

Council Advancement Chairman's signature _____

Date _____

Send this application to the Council Scout Executive

Date received _____

Grant awarded Grant denied (attach reason) Date _____