

FOR CARDINAL DISTRICT CANDIDATES ONLY

Contact Information

Eagle Scout candidates should know who is involved, but contact information may be more important to unit leaders and others in case they want to talk to each other. While it is recognized that not all the information will be needed for every project, Scouts are expected to provide as much as reasonably possible. Approval representatives must understand, however, that doing so is not part of the service project requirement.

Eagle Scout Candidate

Name: FULL LEGAL NAME Use "NMN" if no middle name)	Birth date:		
Email Address:	BSA PID number:		
Address:	City:	State:	Zip:
Preferred telephone(s):	Life Board of Review date:		

Current Unit Information

Check One: <input type="radio"/> Troop <input type="radio"/> Crew <input type="radio"/> Ship	Unit Number:
Name of District: CARDINAL	Name of Council: OCCONEECHEE

Unit Leader

 Check One: ☐ Scoutmaster ☐ Crew Advisor ☐ Skipper

Name:	Preferred telephone(s):		
Address:	City:	State:	Zip:
Email Address:			

Unit Committee Chair

Name:	Preferred telephone(s):		
Address:	City:	State:	Zip:
Email Address:			

Unit Advancement Coordinator

(If your unit has one)

Name:	Preferred telephone(s):		
Address:	City:	State:	Zip:
Email Address:			

Project Beneficiary

(Name of religious institution, school or community)

Name:	Preferred telephone(s):		
Address:	City:	State:	Zip:
Email Address:			

Project Beneficiary Representative

(Name of contact person for the project beneficiary)

Name:	Preferred telephone(s):		
Address:	City:	State:	Zip:
Email Address:			

Your Council Service Center

 Copy this verbatim into your ESSP workbook

Contact Name: Tiffany Edmiston	Preferred telephone(s): (919) 582-0065		
Address: 3231 Atlantic Ave	City: Raleigh	State: NC	Zip: 27604
Email Address: Tiffany.Edmiston@scouting.org			

Council or District Project Approval Representative

Copy this verbatim into your ESSP workbook

(Your unit leader, unit advancement coordinator, or council or district advancement chair may help you learn who this will be.)

Name: Tom Allen	Preferred telephone(s): (919) 467-3608		
Address: 1135 Bert Ct	City: Cary	State: NC	Zip: 27511
Email Address: debor@cardinalbsa.org			

Project Coach

(Your council or district project approval representative may help you learn who this will be.)

Name:	Preferred telephone(s):		
Address:	City:	State:	Zip:
Email Address:			