## **EAGLE SCOUT/GOLD AWARD APPLICATION**



Applicant Information				
Name				
Address (San Ramon residents only)				
Phone Number				
E-Mail				
Grade in School		Birthdate		
Parent/Guardian Inform	nation			
Name(s)				
Address				
Phone Number				
E-Mail				
Troop/Pack Informatio Troop or Pack # Leader's Name	n			
Leader's Phone Number				
Leader's E-Mail				
Project Information  Name of Project				
Explain Project in Detail				
Proposed Starting Date & Time				
Approved by Leader	YES		NO	
Does the project pose any will provide safety equipm	-	Vho is going to monito	r the safety of the p	roject? Who

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Funding Information (Cost Analysis)
Estimated Project Cost
Estimated Amount from
Fundraisers/Donations
Estimated Funding from
City of San Ramon
List materials, tools, and supplies needed to complete the project. Also list where you will get them
and how much they will cost.
Will there be sufficient leadership and parental guidance? Explain who will be monitoring the project.
Agreement/Signatures
By signing below, I agree that I have read and am aware of the requirements to obtain my Eagle
status/Gold Award from the Boy Scouts of America/Girl Scouts of the USA. I understand that if
volunteers are required for my project, I will be responsible for recruiting, communicating, and
providing all information/documents to them. Prior to beginning the project, I agree to register and to
have all volunteers register as a City Lights Volunteer. During the project, I agree to track volunteer
hours and share this information with the City's Volunteer Supervisor upon project completion.
Additionally, I understand that the City of San Ramon will not consider projects that are within six (6)
months of the applicant's 18 <sup>th</sup> birthday.
months of the applicant's 10 Difthuay.

Applicant Signature	
Parent/Guardian Signature	
Troop/Pack Leader Signature	