

Heart of America Council
EAGLE SCOUT & CERTIFICATE RETURN INFORMATION



Please return this form with the Eagle Scout Rank Application when it is submitted to the Council Service Center following completion of the Eagle Scout Board of Review. Please contact Leslie Staack in the Program & Camping Office at 816.569.4963 if you have any questions.

Scout Name (Last, First Middle) _____

Birth Date _____ Nickname (If any) _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Email address _____

Unit Number _____ District _____ BOR Date _____

I attend school at _____ Grade _____

School District _____

School/Sports activities _____

Religious Institution I attend/other activities _____

Father's Name _____

Father's Occupation _____ Company _____

Mother's Name _____

Mother's Occupation _____ Company _____

Please send the Eagle Scout Certificate to the following person:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

E-MAIL: _____