



EAGLE SCOUT AWARD APPLICATION

A PROGRAM OF THE GRAND LODGE OF INDIANA

Applicant Information

Applicant's Full Name: _____ Date: _____

Name as it will appear on the Award: _____

Address Street/P.O. Box: _____

City: _____ State: _____ ZIP: _____

Desired Presentation Type:

___ Eagle Court of Honor ___ Masonic Lodge Meeting or Masonic Lodge Dinner

___ Other (Please Specify) _____

Award Presentation:

Date: _____ Time: _____

Location: _____

Scout Affiliation Info:

Eagle Scout Unit Number: _____ (Circle Troop, Team, Crew, Ship, Post)

Eagle Scout Board of Review Date: _____

BSA Council Name and Number: _____

Council Address: _____

Requesting Individual (Scout Leader Contact): _____ Telephone: _____

Email: _____

Masonic Lodge Information (leave blank if unknown)

Lodge Name: _____ Number: _____

Worshipful Master: _____ Lodge Secretary: _____

Address: _____

Telephone: _____ Email: _____

Scout Applicant Signature: _____ Date: _____

Scout Masters Signature: _____ Date: _____

Please scan and submit to eaglescout@ingrandlodge.org