



The Glenn A. and Melinda W. Adams National Eagle Scout Service Project of the Year Award

Name _____

Home address _____ Email address _____

City _____ State _____ Zip _____

Parent or guardian _____ Home phone No. _____ Board of review date _____

Council headquarters city _____ Council No. _____ Region (check one) N C S W

Nominated by _____ Phone No. _____

Name of service project _____

Project summary (a short, concise description)

Project website/other online references (if applicable):

SCOUT'S CONSENT

I hereby consent to the submission of my Eagle Scout service project for consideration of this award.

Scout's signature _____ Date _____

COUNCIL APPROVAL

The _____ Council NESA Committee has selected _____ as recipient of the **Council Eagle Scout Service Project of the Year Award**. We hereby submit this nomination to the regional selection committee for consideration as recipient of the *Regional Eagle Scout Service Project of the Year Award*.

_____ Date _____
NESA committee chair

_____ Date _____
Committee staff adviser

REGIONAL APPROVAL

The _____ Region NESA Committee has selected the nominee on this form as recipient of the **Regional Eagle Scout Service Project of the Year Award**. We hereby submit this application to the national NESA Committee for consideration as recipient of the *Glenn A. and Melinda W. Adams National Eagle Scout Service Project of the Year Award*.

_____ Date _____
NESA committee chair

_____ Date _____
Committee staff adviser

