

Parent Recommendation

This report is to be used as a letter of recommendation for the Eagle Scout candidate noted below. The Eagle Scout Board of Review will use your answers to the following questions as they consider the application of the Eagle candidate. All information provided will be kept strictly confidential and will become the sole property of the Board of Review. Please return the completed recommendation to the person indicated below. DO NOT return this form to the Eagle candidate.

Eagle Candidate: Name: _____ School District _____

Address: _____ City _____ State: __ Zip: _____

Troop # _____ Scouting District: _____

Return this form to: Name: _____

Address: _____ City _____ State: __ Zip: _____

Please rate the Eagle candidate according to the following scale: (0 being not at all, 10 being extremely well)

Comments:

Lives up to the Scout Oath and Law. 0 5 10

Accepts home responsibility. 0 5 10

Rate his attitude at home to others. 0 5 10

Obeys parental instruction. 0 5 10

Do you feel your son is deserving of the Eagle Scout Award? Why?

Please use the back of this form to add any additional information that you feel would be helpful to the Board of Review in arriving at a decision concerning the awarding of the Eagle Scout Rank to the candidate. Thank you for taking time to complete this recommendation.

Signature _____ Position: _____ Date: _____

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