



**GREAT TRAIL COUNCIL
BOY SCOUTS OF AMERICA**

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Eagle Candidate Personal Evaluation

As part of the BSA Eagle Scout Board of Review, Eagle Scout candidate _____ Respectfully requests a personal evaluation from you. The information you provide concerning the candidate's character and integrity is essential for the Board of Review members to make an accurate assessment. Please return this confidential evaluation, (you may attached additional pages) in a sealed envelope to:

Committee Chairman, Troop _____
Address: _____
City: _____ State: _____ Zip: _____

Evaluator's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship (employer, teacher, friend, etc.): _____

Phone: _____ How long have you know the candidate? _____

What do you consider to be the candidate's outstanding talents, skills and characteristics?

In your opinion, what experiences and events have prepared the candidate for the Eagle Award?

Please rate the candidate in the qualities listed below.

	EXCELLENT	GOOD	FAIR	POOR	UNKNOWN
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of the Scout Oath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of the Scout Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Provide Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Get Along with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest and Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

THE SCOUT OATH

On my honor, I will do my best
 To do my duty to God and my country,
 And to obey the Scout Law,
 To help other people at all times,
 To keep myself physically strong,
 Mentally awake and morally straight.

THE SCOUT LAW

Trustworthy	Obedient
Loyal	Cheerful
Helpful	Thrifty
Friendly	Brave
Courteous	Clean
Kind	Reverent

Do you feel this candidate has demonstrated through his words and actions that
 He applies the Scout Oath and Scout Law on a daily basis? Yes _____ No _____

I (Do _____/Do Not _____) recommend this applicant for the BSA Eagle Scout Award.

 Signature

 Date