Iroquois Trail Council, #376
Boy Scouts of America

45 Liberty Street, Suite 2
Batavia, New York 14020
(585) 343-0307 or (800) 592-0242

School Recommendation

This is a letter of recommendation for the Eagle Scout candidate noted below. The Eagle Scout Board of Review will use your recommendation as they consider the application of the Eagle candidate. To qualify for the Eagle Scout award, a Scout must show that he has actually put into service the Ideals and Principles of 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.*) and Law (*A scout is trustworthy, loyal, helpful, friendly, courteous, kind, obedient, cheerful, thrifty, brave, clean and reverent.*), the Motto *"Be Prepared",* the Slogan *"Do a good turn daily"* and has made an honest effort to develop his leadership abilities. All intonation 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)

To what extent has the candidate done his best
in his studies with relation to his abilities? 0 • • • • • 5 • • • • 10

To what extent has the candidate shown evidence of
proper Scout Spirit as expressed in the Scout Law? 0 • • • • • 5 • • • • 10

Comments:

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:_____

Print Name _____

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