



## Eagle Scout Media Information

Seneca Waterways Council, BSA

*Please write clearly*

Name: \_\_\_\_\_

My Troop Number: \_\_\_\_\_ My Scoutmaster: \_\_\_\_\_ My Age: \_\_\_\_\_

My Troop's City/ Village: \_\_\_\_\_ The District My Troop Is in: \_\_\_\_\_

Troop's Chartering Organization: \_\_\_\_\_

The High School I attended: \_\_\_\_\_ Graduating Class of: \_\_\_\_\_

**Seneca Waterways Council will be recognizing several Eagle Scouts each month through various TV/Print productions. If you wish to be included for consideration of this recognition, please return this form, and indicate your interest by checking the box in the photo release below.**

A Brief Description of my Eagle project, including who it benefited:

---

---

---

---

---

Address or GPS co-ordinates of where your Eagle project was completed:

---

Estimated Hours Involved: \_\_\_\_\_

Estimated number of people who helped: \_\_\_\_\_

**Do you have photographs of yourself and volunteers working on your Eagle project? We will need at least 10 good photos and one specific photo of you with your completed project to participate in the TV/Print Eagle Scout recognition.**

**PHOTO RELEASE:**

By submitting this form, I hereby assign and grant to the Boy Scouts of America and Seneca Waterways Council the right and permission to use and publish any photographs/film/videotapes/electronic representations of me by the Boy Scouts of America, and I hereby release the Seneca Waterways Council, BSA and assigned representatives, from any and all liability from such use and publication. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America and Seneca Waterways Council, and I specifically waive any right to any compensation I may have for any of the foregoing.

☐

**Yes! I want to be considered for TV/Print recognition.**

Signature: \_\_\_\_\_

## Eagle Scout Biography:

Please help us collect some information to use for our Annual Eagle Scout Mentor Dinner held each January. You will be teamed up with a professional in your field of interest for the evening and have the opportunity to learn more about your desired career path from your mentor. **(Please write clearly)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Youth E-mail: \_\_\_\_\_

Youth Phone: \_\_\_\_\_ Youth Birthdate: \_\_\_\_\_

Date of Eagle Board of Review: \_\_\_\_\_

Scout Leadership Positions Held: \_\_\_\_\_

Other Leadership Positions Held/ Honors/ Awards (Sports, Work, Extracurricular Clubs, Activities, Church, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents' Names: \_\_\_\_\_

Parents E-mail: \_\_\_\_\_

Parents Phone: \_\_\_\_\_

Summer Camping Experiences: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Hobbies: \_\_\_\_\_

\_\_\_\_\_

Post-Graduation Plans (College, Military, Etc.): \_\_\_\_\_

**Please select your top 3 choices of careers from the list below:**

Medicine      Law      Skilled Trades      Military      Fine Arts      Police/Fire/EMT      Education

Computer Technologies      Engineering      Architecture      Business      Marketing      Undecided

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_