



**UNIT LEADER'S APPRAISAL OF EAGLE CANDIDATE**

SCOUT NAME \_\_\_\_\_ UNIT# Troop 7220

Please indicate to the Review Board the relative strengths of the candidate and areas in which you feel she needs improvement.

These could include:

- ❖ Concern for others
- ❖ Adheres to the Scout Oath and Law
- ❖ Ability or desire to help others through skills she has learned
- ❖ Capacity for leadership
- ❖ Ability to live and work with others
- ❖ Attendance and uniforming

Information furnished will be treated in confidence. Use reverse side if needed.

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THE SCOUT WILL PROVIDE A SELF-ADDRESSED, STAMPED ENVELOPE.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_

MAIL TO:  
NAME TROOP 7220 ADVANCEMENT CHAIRMAN  
ADDRESS 1024 NE Bluff Circle  
Lee's Summit, MO 64086