



BSA TROOP 145
HUGHSONVILLE FIRE DEPARTMENT
TOWN OF WAPPINGER, NY

Eagle Scout Project Donation Request

APPLICANT NAME: _____

MAILING ADDRESS: _____

PHONE: _____

EAGLE PROJECT COACH: _____

PLEASE PROVIDE A COPY OF YOUR *APPROVED* EAGLE SCOUT PROJECT PROPOSAL
ALONG WITH THIS APPLICATION AND WE WILL REVIEW YOUR REQUEST. IF APPROVED,
YOU WILL RECEIVE A \$100.00 AS A DONATION TO YOUR EAGLE SCOUT PROJECT. THIS
DONATION REQUEST IS ONLY AVAILABLE TO SCOUTS OF TROOP 145

APPLICANT ACKNOWLEDGEMENT:

APPLICANT: Please read the following before completing this form. Applicant represents that the information given in this application is complete and accurate. Eagle Candidate acknowledges that all money or materials donated by the Hughsonville Fire Department will be used for the sole purpose of the candidate's Eagle Project and any money or materials found to be in excess (not used) belongs to the Project Beneficiary.

Applicant signature: _____ Date: _____

WE ASK THAT YOU SEND A PHOTO OF YOUR PROJECT UPON COMPLETION.

APPLICATIONS SHOULD BE MAILED TO BELOW ADDRESS:

Hughsonville Fire Department
PO Box 545
Hughsonville, NY 12587