

GUIDELINES FOR ADVANCEMENT TO EAGLE SCOUT RANK FOR SCOUTS WITH DISABILITIES

1. The Eagle Scout Award may be achieved by a Boy Scout, Varsity Scout, or qualified* Explorer (candidate) who has a physical or mental disability by qualifying for alternate merit badges. This does not apply to individual requirements for merit badges. Merit badges are awarded only when all requirements are met as stated.
2. The physical or mental disability must be of a permanent rather than a temporary nature.
3. A clear and concise medical statement must be made by a physician, licensed to practice medicine, concerning the Scout's disability.
4. The candidate must earn as many of the required merit badges as his ability permits before applying for an alternate merit badge.
5. The candidate must complete as many of the requirements of the required merit badges as his ability permits.
6. This form, Application for Alternate Eagle Scout Award Merit Badges, must be completed prior to the candidate's qualifying for alternate merit badges.
7. The alternate merit badges chosen must be of such a nature that they are as demanding of effort as the required merit badges.
8. When alternates chosen involve physical activity, they must be approved by the physician.
9. The unit leader and the board of review must explain that to attain the Eagle Scout Award a candidate is expected to do his best in developing himself to the limit of his resources.
10. This application must be approved by the council committee responsible for advancement, utilizing the expertise of professional persons, involved in Scouting for the disabled.
11. The candidate's application for Eagle Scout must be made on the Eagle Scout Award Application, No. 58-728 with this form and the Eagle service project attached when submitted to the council for his Eagle Scout board of review

The Purpose of the Eagle Scout Award

A recipient of the Eagle Scout Award is a Boy Scout, Varsity Scout, or qualified* Explorer who applies the principles of the Scout Oath and Law in his daily life. He has achieved the qualities listed below because of his determination and persistence through the advancement program.

- Concern for others
- Ability to help others through skills he has learned
- Ability to live and work cooperatively with others by meeting his responsibility to his patrol and troop
- Concern for self by improving his physical fitness to the limits of his physical resources
- Capacity for leadership

*In order for an Explorer to be an Eagle Scout candidate, he must have achieved First Class rank as a Boy Scout or Varsity Scout.



APPLICATION FOR ALTERNATE EAGLE SCOUT AWARD MERIT BADGES

To: The District Advancement Committee

_____ District
 _____ Council

Gentlemen:

We are submitting this application on behalf of _____
 _____ (Name of candidate) if Unit No. _____

chartered to _____
 and located in _____ Community _____ State _____

Because of the disability (see the medical statement below), we believe that he is physically or mentally unable to complete the requirements for the following merit badge of badges required for the Eagle Scout Award:

Because of his excellent performance, perseverance, and Scouting spirit, and following a personal conference with him and his family, we recommend that the following alternate merit badge or badges be assigned to him, feeling that they will be equally challenging and useful, but within his capability.

Date _____

Signed _____
 Unit leader

Signed _____
 Unit committee chairman

Parent Statement

In view of the medical statement (below), and following a conference with _____'s Scouting leaders, we approve the alternate method of application for Eagle Scout Award merit badges and the merit badges recommended as alternates.

Date _____

Signed _____
 Parent or guardian

Medical Statement

As a result of a thorough examination of _____
 _____ (Name of candidate) on _____ Date _____

I find that he has a permanent physical or mental disability that would prevent him from complete the requirements for the merit badge or badges, as shown above.

REASONS FOR INABILITY:

Date _____

Signed _____ M.D.

