

## 11.2.0.0 Request for Extension of Time to Earn Eagle Scout Rank

Check if this is for extension of time to earn Quartermaster rank  OR Venturing Summit Award

*"If a youth foresees that, due to no fault or choice of his own, he will be unable to complete the Eagle Scout rank requirements before age 18, he may apply for a limited time extension. These are rarely granted and reserved only for work on Eagle."*

—Guide to Advancement

Before completing this form, please refer to the *Guide to Advancement*, "Time Extensions," 9.0.4.0. It outlines the circumstances under which an extension may be considered, and the process that must be followed. Be sure to confirm that the youth member's advancement records in the BSA system are up to date before submitting this request.

Candidate's name \_\_\_\_\_ PID No. \_\_\_\_\_

Date \_\_\_\_\_ Council name or headquarter city \_\_\_\_\_ Council No. \_\_\_\_\_

Date of birth \_\_\_\_\_ Date first joined Boy Scouts \_\_\_\_\_ Life board of review date \_\_\_\_\_

Current unit membership—choose one:  TROOP  TEAM  CREW  SHIP Unit No. \_\_\_\_\_

**All of the following must be included with this application (Incomplete extension requests will be returned.):**

- The request for extension filed by youth member, his parent or guardian, unit leader, or unit committee member
- Council advancement committee report of findings and position statement
- Written statements (or interview summaries) from persons with knowledge of the case
- Other evidence and documentation, if any, considered by the council advancement committee in preparing the report of findings and position statement (such as meeting notes, statement from a health professional if applicable, etc.)

**All requests, letters, and position statements must include the date and signature of the author or committee chair.**

**Please provide a brief summary of circumstances preventing completion of requirements prior to 18th birthday.**

*Use this space or attach a summary. Please limit the summary to 150 words or less.*

The council advancement chair and staff advisor are to select at least two council advancement committee members who research a request for extension. Their names and contact information, along with others requested below must be provided. They may be contacted as this case is considered.

Position or Relationship	Name	Preferred Phone No.	Email Address
Council advancement chair			
Council advancement staff advisor			
Council advancement committee member			
Council advancement committee member			
Unit leader			
Parent			

I certify the procedures regarding time extensions as outlined in the *Guide to Advancement* were followed, and based on our council advancement committee's research, I recommend the following decision:

Acceptance No. of months of extension recommended \_\_\_\_\_

Denial

Scout executive's signature \_\_\_\_\_ Date request submitted \_\_\_\_\_

Send this signed form and all required documents and evidence noted above to the National Advancement Team:

<b>Email</b> Advancement.team@scouting.org	OR	<b>Fax</b> 972-580-2430	OR	<b>U.S. Postal Service, UPS, Federal Express, etc.</b> S272, 1325 W. Walnut Hill Lane, Irving, TX 75038
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*This form is available for downloading at [www.scouting.org/advancement](http://www.scouting.org/advancement).*

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## 11.3.0.0 Belated Eagle Scout Rank Application

To avoid lengthy processing delays, please refer to the *Guide to Advancement*, “Eagle Scout Board of Review Beyond the 18th Birthday,” topic 8.0.3.1, No. 3, before completing this form. It outlines required documentation and the process that must be followed.

Eagle petitioner’s name \_\_\_\_\_ Date of birth \_\_\_\_\_

Council name or headquarter city (current residence) \_\_\_\_\_ Council No. \_\_\_\_\_

Phone Nos. \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Unit type at the time Eagle requirements were completed (check one):  TROOP  TEAM  CREW  SHIP  POST Unit No.: \_\_\_\_\_

Council name or headquarter city where Eagle requirements were completed \_\_\_\_\_ Year completed \_\_\_\_\_

*Evidence of completion must be submitted to the National Advancement Team through the local council where the petitioner currently resides.*

**Please check any of the following items included with this application:**

- Original Eagle Scout rank application signed at the time work was completed
- Merit badge certificates or “blue cards”
- Photo of merit badge sash (because of availability on the Internet, sashes are not accepted as *sole* proof of merit badges earned)
- Rank certificates or cards
- Membership card
- Signed and dated handbook or Progress Toward Ranks cards
- Unit or council records (unit rosters, advancement reports, etc.)
- Newspaper articles
- Program or photos from Eagle court of honor
- Letters from former leaders or individuals substantiating the claim
- A statement from the petitioner and corroborating witness(es)
- A statement from the Eagle Scout candidate explaining why the rank was not awarded
- Other evidence (describe): \_\_\_\_\_

*All statements and letters must include the date and author’s signature. Usually several pieces of evidence are necessary to make a compelling case.*

<p><b>Please provide an explanation of why the Eagle Scout rank was not awarded.</b></p> <p><i>(Use this space or attach a summary. Please limit the summary to 150 words or less.)</i></p>          
<p>The statements provided are true and correct.</p> <p>Eagle Scout petitioner signature _____ Date _____</p>

*I support and endorse this application but understand a well-documented and compelling case must be made in order for credentials to be granted.*

Scout executive’s signature \_\_\_\_\_ Date request submitted \_\_\_\_\_

Send this signed form and all required documents and evidence noted above to the National Advancement Team:

<b>Email</b> Advancement.team@scouting.org	OR	<b>Fax</b> 972-580-2430	OR	<b>U.S. Postal Service, UPS, Federal Express, etc.</b> S272, 1325 W. Walnut Hill Lane, Irving, TX 75038
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## 11.4.0.0 Request for Registration Beyond the Age of Eligibility

### Criteria

In order for an individual to qualify for registration beyond the age of eligibility, his disability must be permanent and so severe that it precludes advancement even at a rate significantly slower than considered typical. If ranks can be achieved through accommodations or modifications stated in official BSA literature, then the individual's disability probably does not rise to the level required to apply for this request. Additional information can be found in section 10 of the *Guide to Advancement*.

**Scout parent or guardian:** Fill in this page where appropriate, and provide documentation as requested.

#### REQUEST for:

Member's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Unit No. \_\_\_\_\_ District \_\_\_\_\_ Council \_\_\_\_\_

**Objective:** The request for registration beyond the age of eligibility, once approved, gives the individual unlimited time to participate in the Scouting program, if so desired.

**Required process:** All pertinent documents listed below must be attached to this form and labeled in the appropriate order. Submit the completed request form and attachments to your Scout executive or a designee.

Required Documents	Date Sent	Date Received	Date Reviewed
1. A letter from a parent or guardian describing the disability and its severity and permanence, and petitioning the council for approval of registration beyond the age of eligibility. (Documentation labeled as enclosure 1.)			
2. A completed youth membership application or proof of current membership. (Documentation labeled as enclosure 2.)			
3. A completed and signed BSA Annual Health and Medical Record form, parts A and C, accessible online at <a href="http://www.scouting.org/HealthandSafety/ahmr.aspx">www.scouting.org/HealthandSafety/ahmr.aspx</a> . (Documentation labeled as enclosure 3.)			
4. A signed statement from a qualified health professional attesting to the nature, severity, and permanent limitations associated with the disability. For physical disabilities, this must be a licensed physician; for developmental or cognitive issues, a licensed psychologist or psychiatrist, or as appropriate, a neurologist or other medical professional certified in treating the disability. (Documentation labeled as enclosure 4.)			
5. A letter from the unit leader advocating and supporting the registration. (Documentation labeled as enclosure 5.)			
6. Other supporting documentation, such as an Individualized Education Plan (IEP), treatment summaries, and medical records, though optional, can make a difference in the decision. (Documentation labeled as Enclosure 6.)			

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