

## EAGLE SERVICE PROJECT GRANT REQUEST

# TROOP 49 FOUNDATION

Character, Citizenship, Service

**Purpose:** To make funds available to assist Scouts in their Eagle Service Project. An applicant must demonstrate how he has pursued his own fund raising efforts prior to making this request. Fund raising is a part of the ESP process. A careful examination of his efforts will be utilized in making a decision as to the grant request. Also the grant request can only be utilized to assist in actual material and receipts must be included with the grant request. Also note that the committee may grant a partial amount of the request.

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Type of Request: Eagle Service Project

### Applicant Information:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**State specific reason for need of addition funds:** (example: major donation fell through)

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**State specific efforts made in your fund raising:** ( Use additional paper if needed)

How many letters did you send out? \_\_\_\_\_

(Sending out letters to family and friends asking for financial help is normally a first attempt in raising funds)

What was the response rate? \_\_\_\_\_

What other efforts did you attempt and how successful were they? (ie: requested discounts/donations from suppliers)

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**State specific amount requested:** \$ \_\_\_\_\_ (include receipts)

The committee may grant all of the request or may grant only part of the request.

Total Cost of Project: \$ \_\_\_\_\_ Should be supported in final write up

Am't Raised \$ \_\_\_\_\_

Am't Paid by Scout/Family: \$ \_\_\_\_\_

Am't of Additional Funds Requested: \$ \_\_\_\_\_ Enter this amount above

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### FOR ESP COMMITTEE USE ONLY

Date request received: \_\_\_\_\_

Amount approved: \$ \_\_\_\_\_ Approved by: \_\_\_\_\_

Date forwarded to Troop Treasurer for payment \_\_\_\_\_ Dated posted to ESP fund \_\_\_\_\_

Letter sent to Scout by: \_\_\_\_\_ Date: \_\_\_\_\_