Boy Scout Troop 173
Yorktown Heights, NY

Board of Review Application for the Rank of First Class

Scout Name: _____ **Date:** _____

Date Joined Troop: _____ **Date of Second Class Scout Board of Review:** _____

Troop / Patrol activities attended since previous Board of Review: *(If needed you may use additional paper to complete your description.)*

Service Projects participated in since previous Board of Review: *(If needed you may use additional paper to complete your description.)*

This area to be filled out by the Scoutmaster and Board of Review Chairperson

Assistant Scoutmaster reviewed book that requirements were met:

Date *Signature*

Scoutmaster approval of Scout Spirit and Participation:

Date *Signature*

Participated in Scoutmaster Conference on:

Date *Signature*

Members of the Board of Review:

Name *Name*

Name *Name*

Date of Board of Review: _____ **Result of Board of Review:** **Passed** ☐ **Rejected** ☐

Advancement Chairperson: _____ _____

Name *Signature*