



Date Application Submitted:

Scout Service Project Application

Complete Part I & Part II and return to:

City of Savage Parks Division /Attn: Scout Coordinator
13770 Dakota Ave, Savage, MN 55378
Phone: 952-224-3420 Fax: 952-224-3430

Part I: Scout Contact Information

First Name: _____ 18th Birthday: _____

Last Name: _____ Troop #: _____

Address: _____

Home Phone: _____ Cell: _____

E-mail Address: _____

Parents Name: _____

Address: *(only if different from address listed above)*

Phone: _____ Cell: _____

E-mail Address: _____

Part II: Project Proposal

Title of Project: _____

Project Start Date: _____ Expected End Date: _____

1. Project Description: _____

2. How will this project be funded? _____

3. If ongoing maintenance is required, who will be monitoring the project? _____
