



2017
DEPARTMENT OF PENNSYLVANIA
"CUB SCOUT OF-THE-YEAR"
APPLICATION

I. AWARD INFORMATION

- A. Recipient MUST be an active member of a Cub Scout or Boy Scout unit in Pennsylvania.
B. Recipient MUST be a resident in Pennsylvania.
C. Recipient MUST be the son, grandson, or great-grandson of an active or deceased American Legion member in the Department of Pennsylvania, American Legion Auxiliary, or Sons of The American Legion
D. Recipient MUST have received the Arrow of Light Award within the period of March 2016 to March 2017.
E. Recipient MUST hold the Cub Scout Religious Award.
F. There shall be one recipient selected from the Department. Local American Legion Posts, Auxiliary Units and Sons of American Legion Squadrons are encouraged to recognize their local winner as well.
G. Letters of Recommendation are optional but encouraged.

H. APPLICATIONS MUST BE SUBMITTED TO DEPARTMENT HEADQUARTERS BEFORE: MARCH 1, 2017

RETURN TO: THE AMERICAN LEGION
DEPARTMENT OF PENNSYLVANIA
P.O. BOX 2324
HARRISBURG, PENNSYLVANIA 17105-2324

II. APPLICATION (PLEASE PRINT/USE ADDITIONAL SHEETS IF NECESSARY)

A. NOMINEE INFORMATION:

NAME: TELEPHONE: ()
ADDRESS:
CITY: STATE: ZIP:

B. AMERICAN LEGION FAMILY SPONSOR INFORMATION

FAMILY MEMBER'S NAME:
FAMILY MEMBER ADDRESS:
CITY: STATE: ZIP:
RELATIONSHIP TO NOMINEE (CIRCLE): PARENT-GRANDPARENT-GREAT GRANDPARENT
LEGION POST NUMBER: POST NAME:
CITY: STATE:
2017 AMERICAN LEGION MEMBERSHIP CARD NUMBER:
() CHECK HERE IF DECEASED FORMER MEMBER
NUMBER OF YEARS CONTINUOUS AMERICAN LEGION MEMBERSHIP: YEARS
LEGION DISTRICT NUMBER: SECTION (CIRCLE): Eastern Central Western

AMERICAN LEGION POST COMMANDER OR ADJUTANT'S CERTIFICATION OF FAMILY SPONSOR/MEMBER:

(SIGNATURE REQUIRED) DATE:
TITLE:

C. LIST COMMUNITY ACTIVITIES: _____

D. LIST RELIGIOUS ACTIVITIES: _____

E. LIST COMMUNITY AWARDS/RECOGNITIONS: _____

F. **SCOUTING BACKGROUND INFORMATION** (Attach additional sheets if necessary)

PACK NUMBER: _____

SPONSOR NAME: _____

CITY: _____ STATE: _____ ZIP: _____

NUMBER OF YEARS IN SCOUTING: _____

YEAR JOINED CUBS: _____ YEAR ENTERED WEBELOS: _____

YEAR ATTAINED ARROW OF LIGHT AWARD: _____

YEAR ATTAINED RELIGIOUS AWARD: _____ FAITH: _____

SCOUTING POSITIONS HELD: _____

SIGNIFICANT CUB SCOUTING ACCOMPLISHMENTS: _____

DID NOMINEE TRANSITION TO BOY SCOUTING (circle): YES NO

BOY SCOUT UNIT NUMBER: _____

BOY SCOUT TROOP SPONSOR: _____

CITY: _____ STATE: _____

III. CURRENT UNIT LEADER CERTIFICATION

(STATEMENT BY CUB SCOUT OR BOY SCOUT UNIT LEADER SUGGESTING WHY THIS APPLICANT SHOULD BE CONSIDERED FOR RECOGNITION AS THE 2017 AMERICAN LEGION CUB SCOUT OF-THE-YEAR. PLEASE USE ADDITIONAL SHEETS IF NECESSARY.)

**I/WE CERTIFY THE ABOVE INFORMATION IS TRUE
ON MY HONOR AS A SCOUTER**

COUNCIL NAME: _____ DATE: _____

COUNCIL ADDRESS: _____

TELEPHONE: (____) _____

SIGNATURE OF CUB SCOUT OR BOY SCOUT UNIT LEADER: _____

TITLE: _____ TELEPHONE: (____) _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____