



**2018**  
**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 2017 to March 2018.**
  - 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.
- Recipient will be presented with an American Flag and plaque.
- G. Letters of Recommendation are optional but encouraged.
  - H. **APPLICATIONS MUST BE SUBMITTED TO DEPARTMENT HEADQUARTERS BEFORE:**

**MARCH 1, 2018**

**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:** \_\_\_\_\_  
**2018 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 REGOGNITION AS THE 2018 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: \_\_\_\_\_