



**2015**  
**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.
  - D. Recipient MUST have received the Arrow of Light Award within the period of **March 2014 to March 2015.**
  - 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, 2015**

**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: \_\_\_\_\_  
2013 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:**

\_\_\_\_\_  
TITLE: \_\_\_\_\_ (SIGNATURE REQUIRED) DATE: \_\_\_\_\_

**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 2015 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:** \_\_\_\_\_