



**2023**  
**DEPARTMENT OF PENNSYLVANIA**  
**"CUB SCOUT OF-THE-YEAR"**  
**APPLICATION**

**I. AWARD INFORMATION**

- A. Recipient MUST be an active member of a Cub Scout or a Scouts BSA unit in Pennsylvania.
  - B. Recipient MUST be a resident in Pennsylvania.
  - C. Recipient MUST be the child, grandchild or great-grandchild 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 2022 to February 2023.**
  - 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, 2023**

**RETURN TO:**  
**THE AMERICAN LEGION**  
**DEPARTMENT OF PENNSYLVANIA**  
**SCOUTING COMMITTEE**  
**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:** \_\_\_\_\_  
**SCOUTING ID NO.** \_\_\_\_\_

**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:** \_\_\_\_\_  
**2023 AMERICAN LEGION MEMBERSHIP CARD NUMBER:** \_\_\_\_\_

( ) **CHECK HERE IF DECEASED FORMER MEMBER** **LEGION ID NO.** \_\_\_\_\_  
**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:** \_\_\_\_\_  
**PRINTED NAME AND LEGION ID NO.** \_\_\_\_\_  
**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 SCOUTS BSA (circle): YES NO

SCOUT UNIT NUMBER: \_\_\_\_\_

SCOUT TROOP SPONSOR: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

**III. CURRENT UNIT LEADER CERTIFICATION**

(STATEMENT BY CUB SCOUT OR SCOUTS BSA UNIT LEADER SUGGESTING WHY THIS APPLICANT SHOULD BE CONSIDERED FOR RECOGNITION AS THE 2023 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 & NO.: \_\_\_\_\_ DATE: \_\_\_\_\_

COUNCIL FULL ADDRESS: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_

SIGNATURE OF SCOUT UNIT LEADER: \_\_\_\_\_

PRINTED NAME & ID NO. \_\_\_\_\_

TITLE: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_