



**2024**

**DEPARTMENT OF PENNSYLVANIA**  
**AMERICAN LEGION**  
**OUTSTANDING**  
**VENTURE, EXPLORER OR SEA SCOUT UNIT**  
**LEGION OR NON-LEGION SPONSORED AWARD**

**I. AWARD INFORMATION**

- A. Unit ***DOES NOT*** have to be sponsored by an American Legion Post, Auxiliary or Sons of the American Legion Squadron to be eligible for award.
- B. Winning unit will receive an American Flag and plaque.
- C. Each member of the unit will receive an American Flag lapel pin.
- D. Awards will be presented upon return from the Department of Pennsylvania Convention at an appropriate time.

***APPLICATIONS MUST BE SUBMITTED TO DEPARTMENT HEADQUARTERS***

***BEFORE: MARCH 1, 2024***

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

**II. UNIT INFORMATION**

**UNIT NUMBER:** \_\_\_\_\_

**TYPE UNIT:** **VENTURE CREW**      **EXPLORER POST/CLUB**      **SEA SCOUT SHIP**

**IS THE UNIT SPONSORED BY (CIRCLE):** POST      AUXILIARY      S.A.L.

**POST NAME & NO.** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS OF SPONSOR:** \_\_\_\_\_

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

**LEGION DISTRICT NUMBER:** \_\_\_\_\_ **SECTION (CIRCLE):** *Eastern*    *Central*    *Western*

**PLEASE COMPLETE IF UNIT IS NOT SPONSORED BY AMERICAN LEGION POST, AUXILIARY OR S.A.L.:**

**SPONSOR NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SPONSOR ADDRESS:** \_\_\_\_\_

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

**AWARD SELECTION QUESTIONS:**

1. Number of Leaders and/or Adult Advisors: \_\_\_\_\_  
Number of Leaders and/or Adult Advisors trained: \_\_\_\_\_
2. Post participation
  - A. Number of American Legion Members involved in your unit: \_\_\_\_\_
  - B. Number of Auxiliary members involved in your unit: \_\_\_\_\_
  - C. Number of S.A.L. members involved in your unit: \_\_\_\_\_
3. Number of members participating in Venture, Sea Scout or Explorer training: \_\_\_\_\_

4. Did your unit participate in council or district activities during the past year (CIRCLE)?  
YES NO If so, how many? \_\_\_\_\_
5. Does your unit have at least one activity per month, other than meetings (CIRCLE)? YES NO
6. Unit Membership at the beginning of the **2023** registration year: \_\_\_\_\_  
Unit Membership at the beginning of the **2024** registration year: \_\_\_\_\_
7. Did you perform a service project for your community (CIRCLE)? YES NO  
If yes, give details: \_\_\_\_\_  
\_\_\_\_\_
8. Did you perform a service project for your sponsoring organization (CIRCLE)? YES NO  
If yes, give details: \_\_\_\_\_  
\_\_\_\_\_
9. Did you participate in any national or regional conference (CIRCLE)? YES NO

**ADDITIONAL SHEETS MAY BE USED WHERE NECESSARY...**

**III. CERTIFICATION**

**SIGNATURE AND TITLE OF PERSON COMPLETING APPLICATION FROM LOCAL  
AMERICAN LEGION POST, AUXILIARY OR S.A.L. SQUADRON RECOMMENDING  
THE UNIT FOR THE AWARD:**

\_\_\_\_\_ (SIGNATURE REQUIRED) DATE: \_\_\_\_\_  
**PRINTED NAME & LEGION/AUX/SAL NO.** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_