



SCOUTS BSA



**2024**  
**DEPARTMENT OF PENNSYLVANIA**  
**SCOUTER-OF-THE-YEAR APPLICATION**

**I. AWARD INFORMATION**

- A. APPLICANT MUST BE REGISTERED AS EITHER A SCOUTS BSA OR GIRL SCOUT LEADER.
- B. Recipient will receive a certificate.
- C. One award will be presented per American Legion District unless the District is served by more than one Scouts BSA Council.
- D. A cover letter from the Department of Pennsylvania will be mailed to the recipient advising the recipient of their selection for the award. Award will be presented by the District Commander and a Scouting Committee member at an appropriate ceremony.
- E. Local posts are encouraged to recognize the recipient.
- F. **APPLICATIONS MUST BE SUBMITTED TO DEPARTMENT HEADQUARTERS BEFORE:**

**MARCH 1, 2024**

G. **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. PERSONAL INFORMATION:**

NAME: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
WORK ADDRESS: \_\_\_\_\_  
WORK TELEPHONE: (\_\_\_\_) \_\_\_\_\_  
SCOUTER ID NO.: \_\_\_\_\_

**B. RECOMMENDING AMERICAN LEGION POST/DISTRICT INFORMATION**

POST NUMBER: \_\_\_\_\_ POST NAME: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
LEGION DISTRICT NUMBER: \_\_\_\_\_ SECTION (CIRCLE): Eastern Central Western

**LOCAL AMERICAN LEGION POST COMMANDER**  
**OR ADJUTANT'S CERTIFICATION:**

\_\_\_\_\_  
(SIGNATURE REQUIRED) DATE: \_\_\_\_\_  
PRINTED NAME AND LEGION ID NO. \_\_\_\_\_  
TITLE: \_\_\_\_\_

**AMERICAN LEGION DISTRICT REPRESENTATIVE CERTIFICATION:**

\_\_\_\_\_  
(SIGNATURE REQUIRED) DATE: \_\_\_\_\_  
PRINTED NAME AND LEGION ID NO. \_\_\_\_\_  
TITLE: \_\_\_\_\_

**C. LIST COMMUNITY ACTIVITIES:**

---

---

**D. LIST COMMUNITY AWARDS/RECOGNITIONS:**

---

---

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

**NUMBER OF YEARS IN SCOUTING:** YOUTH: \_\_\_\_\_ ADULT: \_\_\_\_\_

**SCOUTING POSITIONS HELD AS YOUTH:** \_\_\_\_\_

**HIGHEST RANK ATTAINED AS YOUTH:** \_\_\_\_\_

**SIGNIFICANT SCOUTING ACCOMPLISHMENTS AS A YOUTH:**

---

---

**CURRENT PRIMARY ADULT SCOUTER POSITION:** \_\_\_\_\_

**OTHER ADULT SCOUTER POSITIONS HELD:** \_\_\_\_\_

---

---

**ADULT AWARDS RECEIVED** \_\_\_\_\_

---

---

**ADULT TRAINING EXPERIENCES:**

---

---

**SIGNIFICANT SCOUTER ACCOMPLISHMENTS:** \_\_\_\_\_

---

---

**F. IS NOMINEE EMPLOYED IN ANYWAY BY THE SCOUTS BSA OR GIRL SCOUTS OF AMERICA?** (CIRCLE) YES NO

**IF YES, WHAT POSITION IS HELD?** \_\_\_\_\_

**III. LOCAL SCOUT COUNCIL CERTIFICATION**

(STATEMENT BY LOCAL SCOUT COUNCIL SUGGESTING WHY THIS APPLICANT SHOULD BE CONSIDERED FOR RECOGNITION AS THE 2024 SCOUTER-OF-THE-YEAR. USE ADDITIONAL SHEETS IF NECESSARY. )

**I CERTIFY THE ABOVE NOMINEE IS CURRENTLY AN ACTIVE PARTICIPANT IN ACTIVITIES OF SCOUTS BSA or GIRL SCOUTS OF AMERICA.**

**COUNCIL NAME & NO.:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**COUNCIL FULL ADDRESS:**

---

---

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

**SIGNATURE OF COUNCIL REPRESENTATIVE:** \_\_\_\_\_

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

**TITLE:** \_\_\_\_\_