



**2026**

**DEPARTMENT OF PENNSYLVANIA**  
**AMERICAN LEGION**  
**OUTSTANDING**  
**VENTURING, EXPLORING 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**

E. **RETURN TO:**

**BEFORE: MARCH 1, 2026**  
**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 **2025** registration year: \_\_\_\_\_  
Unit Membership at the beginning of the **2026** 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:*** \_\_\_\_\_