



2027
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 son, grandson, or great-grandson 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 2026 to February 2027.**
- E. Recipient MUST hold the Cub Scout or Webelos 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.
- G. Recipient will be presented with a plaque.
- H. Letters of Recommendation are optional but encouraged.
- I. **APPLICATIONS MUST BE SUBMITTED TO DEPARTMENT HEADQUARTERS BEFORE:**

MARCH 1, 2027
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: _____
2027 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 SCOUTING 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 SCOUTING AMERICA (circle): **YES** **NO**

SCOUT UNIT NUMBER: _____

SCOUT TROOP SPONSOR: _____

CITY: _____ **STATE:** _____

III. CURRENT UNIT LEADER CERTIFICATION

(STATEMENT BY CUB SCOUT OR SCOUTING AMERICA UNIT LEADER SUGGESTING WHY THIS APPLICANT SHOULD BE CONSIDERED FOR RECOGNITION AS THE 2027 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 CUB SCOUTING OR SCOUTING AMERICA UNIT LEADER: _____

PRINTED NAME & SCOUTING ID NO. _____

TITLE: _____ **TELEPHONE:** (____) _____

HOME ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____