SCOUTING AMERICA

2027
DEPARTMENT OF PENNSYLVANIA
SCOUTER-OF-THE-YEAR APPLICATION

I. AWARD INFORMATION

A. APPLICANT *MUST* BE REGISTERED AS EITHER A SCOUTING AMERICA OR GIRL SCOUT LEADER.
B. Recipient will receive a plaque.
C. One award will be presented per American Legion District unless the District is served by more than one Scouting America 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, 2027
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 2027 SCOUTER-OF-THE-YEAR. USE ADDITIONAL SHEETS IF NECESSARY.)

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

COUNCIL NAME & NO.: _____ DATE***:*** _____
COUNCIL FULL ADDRESS:
_____

TELEPHONE: (_____) _____
SIGNATURE OF COUNCIL REPRESENTATIVE:_____
PRINTED NAME & SCOUTING ID NO._____
TITLE: _____