



**2020**

**DEPARTMENT OF PENNSYLVANIA**  
**AMERICAN LEGION**

**OUTSTANDING**

**VENTURE UNIT, EXPLORER UNIT OR SEA SCOUT HONOR 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, 2020***

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

***II. UNIT INFORMATION***

**UNIT NUMBER:** \_\_\_\_\_  
**TYPE UNIT:**    **VENTURE UNIT**            **VARSITY TEAM**            **EXPLORER POST**  
**IS THE UNIT SPONSORED BY (CIRCLE):**    POST            AUXILIARY            S.A.L.  
**POST NAME:** \_\_\_\_\_  
**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:** \_\_\_\_\_  
**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 Legionnaires 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, Varsity or Explorer training: \_\_\_\_\_

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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 **2019** registration year: \_\_\_\_\_  
Unit Membership at the beginning of the **2020** 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: \_\_\_\_\_

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