



2012
DEPARTMENT OF PENNSYLVANIA
'CUB SCOUT OF-THE-YEAR'
APPLICATION

I. AWARD INFORMATION

- A. Recipient MUST be an active member of a Cub Scout or Boy Scout 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.
D. Recipient MUST have received the Arrow of Light Award within the period of March 2011 to March 2012.
E. Recipient MUST hold the Cub 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. Letters of Recommendation are optional but encouraged.
H. APPLICATIONS MUST BE SUBMITTED TO DEPARTMENT HEADQUARTERS BEFORE:

MARCH 1, 2012

RETURN TO: THE AMERICAN LEGION
DEPARTMENT OF PENNSYLVANIA
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:

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:
2005 AMERICAN LEGION MEMBERSHIP CARD NUMBER:
( ) CHECK HERE IF DECEASED FORMER MEMBER
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:
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 BOY SCOUTING (circle): YES NO

BOY SCOUT UNIT NUMBER: \_\_\_\_\_

BOY SCOUT TROOP SPONSOR: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

**III. CURRENT UNIT LEADER CERTIFICATION**

(STATEMENT BY CUB SCOUT OR BOY SCOUT UNIT LEADER SUGGESTING WHY THIS APPLICANT SHOULD BE CONSIDERED FOR RECOGNITION AS THE 2011 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: \_\_\_\_\_ DATE: \_\_\_\_\_

COUNCIL ADDRESS: \_\_\_\_\_

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

SIGNATURE OF CUB SCOUT OR BOY SCOUT UNIT LEADER: \_\_\_\_\_

TITLE: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_