



THE ILLINOIS AMERICAN LEGION BOY SCOUT SUMMER CAMP PROGRAM



THIS APPLICATION MUST BE COMPLETED AND SUBMITTED BY APRIL 15th.
ONE AWARD PER DIVISION-ONE TIME ONLY
(ANSWER ALL QUESTIONS)

NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

PHONE NUMBER (_____) _____

SCOUT COUNCIL _____

TROOP or VENTURING CREW NUMBER _____

AGE _____ DATE OF BIRTH _____

AMOUNT REQUIRED _____
(American Legion award not to exceed \$100.00)

PARENT'S NAME _____

QUALIFICATIONS

1. Epitomize the best in scouting spirit as evidenced by personal, scout, school and church participation.
2. Must be a member of a scout troop or council in the state of Illinois.
3. Provide the additional information requested on the nominating sheet. All questions on this form must be answered.
4. To be awarded to scout one time only.

ALL APPLICATIONS ARE TO BE SENT TO:

The American Legion, Department of Illinois
P.O. Box 2910
Bloomington, IL 61702-2910
Attn: Boy Scout Committee



NOMINATING SHEET

(IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH SHEET TO THIS FORM)

SCOUT ACTIVITIES: _____

SCHOOL ACTIVITIES: _____

COMMUNITY ACTIVITIES: _____

HOBBIES: _____

SUMMER CAMP OBJECTIVES: *(include previous camp attendance)* _____

PARENT'S CONSENT: _____
BY: _____



ENDORSEMENTS

UNIT LEADER *(to include address)*: _____

BY: _____

ADDRESS: _____

UNIT COMMITTEEMAN: _____

BY: _____

WE HELP

AMERICA WORK

SUPPORT

A LOCAL

SCOUT UNIT



**THE AMERICAN LEGION
DEPARTMENT OF ILLINOIS STATE SCOUT COMMITTEE**

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