



# 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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