PHOTOGRAPH MUST BE ATTACHED WEARING SCOUT UNIFORM

BLACK & WHITE SUITABLE FOR REPRODUCTION

THIS SECTION MUST BE COMPLETED AND SIGNED BY YOUR POST, COUNTY, OR DISTRICT BOY SCOUT CHAIRMAN PRIOR TO SUBMITTING TO DEPT HEAD-QUARTERS. FAILURE TO DO SO WILL CAUSE YOUR APPLICATION TO BE JUDGED INELIGIBLE.

ADDRESS	SIGNATURE		····
ADDRESS	TITLE	 	
	ADDRESS		
DATE	DATE		



THE ILLINOIS AMERICAN LEGION BOY SCOUT EAGLE SCOUT SCHOLARSHIP APPLICATION



(ANSWER ALL QUESTIONS)

NAME		
ADDRESS		
CITY	ZIP CODE	
COUNCIL	REGION	
TROOP OR VENTURE CREW UNIT NUMBER		
POST NUMBER OF AMERICAN LEGION POST IN YOUR	AREA	

QUALIFICATIONS

The Boy Scout must be a senior in high school;

- -- Epitomize the best in Scouting Spirit as evidenced by <u>personal, scout, school and church records by affidavit</u>
- -- Must be a member of an Illinois Scout Troop or Council
- -- Write a 500-word Essay on The American Legion's AMERICANISM and BOY SCOUT programs
- -- Must be certified by Post, County, or District Boy Scout Chairman
- -- Provide the additional information requested on the attached Nominating Sheet.

All questions on this form must be answered! (Application will be returned if all questions are not answered.)

THE FIRST PLACE WINNER WILL RECEIVE A \$1,000.00 CASH SCHOLARSHIP.

NOTE: This \$1,000.00 scholarship is to be used for EDUCATIONAL PURPOSES ONLY, in an accredited school of the winner's choice.

THIS APPLICATION MUST BE COMPLETED AND RETURNED

ALL APPLICATIONS ARE TO BE SENT TO:

The American Legion, Department of Illinois P.O. Box 2910, Bloomington, IL 61702-2910



NOMINATING SHEET

NAME IN FULL				
AGE	DATE	E OF BIRTH		
PARENT'S NAME				
	·			
<u>P</u>]	HOTOGRAPH MU	JST BE ATTACHE	D IN SCOUT	<u>UNIFORM</u>
HOBBIES				
				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		M		
GRADE POINT AVER	AGE	IN UPPER		PERCENT OF CLASS
AUTOBIOGRAPHY:	TRAINING PROGRA	AMS AND SCOUT CON GION WEB SITE FOR	IFERENCE. (MUS	CURRICULAR ACTIVITIES, BT BE ATTACHED) PPLICATION AND FOLLOW

PHOTOGRAPH MUST BE ATTACHED WEARING VENTURE UNIFORM

BLACK & WHITE SUITABLE FOR REPRODUCTION

THIS SECTION MUST BE COMPLETED AND SIGNED BY YOUR POST, COUNTY, OR DISTRICT BOY SCOUT CHAIRMAN PRIOR TO SUBMITTING TO DEPT HEAD-QUARTERS. FAILURE TO DO SO WILL CAUSE YOUR APPLICATION TO BE JUDGED INELIGIBLE.

SIGNATURE	-
TITLE	
ADDRESS	
DATE	



THE ILLINOIS AMERICAN LEGION VENTURING SILVER AWARD SCHOLARSHIP APPLICATION



(ANSWER ALL QUESTIONS)

NAME	
ADDRESS	PHONE
CITY	ZIP CODE
COUNCIL	REGION
VENTURE CREW UNIT NUMBER	
POST NUMBER OF AMERICAN LEGION POST IN YOUR AREA	

QUALIFICATIONS

The Venture Scout must be a senior in high school or currently attending college;

- -- Epitomize the best in Scouting Spirit as evidenced by <u>personal, scout, school and church records by</u> affidavit
- -- Must be a member of an Illinois Venture Crew
- -- Write a 500-word Essay on AMERICANISM and BOY SCOUT PROGRAMS
- -- Must be certified by Post, County, or District Boy Scout Chairman
- -- Provide the additional information requested on the attached Nominating Sheet.

All questions on this form must be answered! (Application will be returned if all questions are not answered.)

THE FIRST PLACE WINNER WILL RECEIVE A \$1,000.00 CASH SCHOLARSHIP.

NOTE: This \$1,000,00 scholarship is to be used for EDUCATIONAL PURPOSES ONLY.

THIS APPLICATION MUST BE COMPLETED AND RETURNED

ALL APPLICATIONS ARE TO BE SENT TO:

NAME IN FULL_

The American Legion, Department of Illinois P.O. Box 2910, Bloomington, IL 61702-2910

DEADLINE IS APRIL 15TH

NOMINATING SHEET

AGE		DATE OF BIRTH				· · · · · · · · · · · · · · · · · · ·
4. ⁹ ma,						•
PARENT'S NA	ME					
	PHOTOGRAP	H MUST BE ATT	ACHED	IN VENTUE	RE UNIF	<u>ORM</u>
HOBBIES						
		•				
POSSIBLE CAR	REER SELECTION	ī				
	****		······································			

HIGH SCHOOL/O	COLLEGE GRADE I	POINT AVERAGE	-	_IN UPPER		PERCENT OF CLASS
AUTOBIOGRAPI	HY: INCLUDE I	PLACE OF BIRTH, SC	OUT ACT	IVITIES, EXTRA	-CURRICU	LAR ACTIVITIES,
	TRAINING SEE NATIO	PROGRAMS AND SC DNAL LEGION WEB SI	OUT CON	IFERENCE. (MC	JST BE AT	TACHED)
	THOSE PR	OCEDURES.				



THE ILLINOIS AMERICAN LEGION BOY SCOUT NATIONAL ORDER OF THE ARROW CONFERENCE SCHOLARSHIP



THIS APPLICATION MUST BE COMPLETED AND RETURNED TO THE AMERICAN LEGION BY APRIL 15TH

SAME YEAR AS NATIONAL OA CONFERENCE

(ANSWER ALL QUESTIONS)

NAME					
ADDRESS	·			•	
CITY		ZIP CODE	·		
PHONE NUMBER ()_					
SCOUT COUNCIL	· · · · · · · · · · · · · · · · · · ·				<u> </u>
FROOP or VENTURING CREW NU	MBER				
POST NUMBER OF AMERICAN L	EGION POST IN YOUR AREA				
AGE	DATE OF BIRTH				•
PARENT'S NAME			/		

NOTE: Maximum award not to exceed \$100.00

QUALIFICATIONS

- 1. Be an active member of a scout unit or council in the State of Illinois.
- 2. Must be an active member of an Order of the Arrow Lodge in the State of Illinois.
- 3. Must have rendered outstanding service to his religious institution, school and community.
- 5. Submit four letters of recommendation and testimony with nomination application, one letter from each of these group leaders: religious institution, school, community and scouting.
- 6. Submit an essay of 250 words or more on "What do I plan to do in the Order of The Arrow."

All applications are to be sent to:

The American Legion, 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:	
PARENT'S CONSENT:	
ENDC	<u>ORSEMENTS</u>
UNIT LEADER (to include address):	
UNIT COMMITTEEMAN:	
BY:	*
ADDRESS:	



THE ILLINOIS AMERICAN LEGION BOY SCOUT NATIONAL AND WORLD JAMBOREE AWARD



THIS APPLICATION MUST BE COMPLETED AND RETURNED TO THE AMERICAN LEGION BY <u>SEPTEMBER 15TH</u>

OF THE YEAR PRECEDING THE NATIONAL/WORLD JAMBOREE

(ANSWER ALL QUESTIONS)

NAME		
ADDRESS		
CITY	ZIP CODE	
PHONE NUMBER ()		
SCOUT COUNCIL		
TROOP or VENTURING CREW NUMBER	· .	
POST NUMBER OF AMERICAN LEGION POST IN YOUR AREA		
AGE DATE OF BIRTH		
PARENT'S NAME		

NOTE: Maximum award not to exceed \$500.00

QUALIFICATIONS

- 1. Be an active member of a scout unit or council in the State of Illinois.
- 2. Must be a 1st Class Scout OR Venture Bronze Award Recipient (minimum).
- 3. Must have rendered outstanding service to his religious institution, school and community.
- 4. Must have demonstrated practical citizenship in church, school, scouting and community.
- 5. Submit four letters of recommendation and testimony with nomination application, one letter from each of these group leaders: religious institution, school, community and scouting.
- 6. Submit an essay of 250 words or more on "What scouting has done for me."

All applications are to be sent to:

The American Legion, 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)

SUMMER CAMP OBJECTIVES: (inclu	de previous camp attendance)
	ENDORSEMENTS
UNIT LEADER (to include address):	
BY:	



THE ILLINOIS AMERICAN LEGION BOY SCOUT SUMMER CAMP PROGRAM



THIS APPLICATION MUST BE COMPLETED AND SUBMITTED BY <u>APRIL 15th</u>. ONE AWARD PER DIVISION-ONE TIME ONLY

(ANSWER ALL QUESTIONS)

(man)				
NAME				
ADDRESS		4.		
1.				
CITY_		ZIP CODE		
			•	
PHONE NUMBER ()_				
				,
- Theory				
SCOUT COUNCIL				
TROOP OF VENTURING CREW NU	MRER			
TROOT OF VENTORING CIGSW INC	WIDER	*		
			•	
AGE	DATE OF BIRTH			
AMOUNT REQUIRED				
ANIOGNI REQUIRED	merican Legion award not to ex	ceed \$100.00)		
	TO TOUR LOGICAL WITH A THOU TO CA			
	•			
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.
- Provide the additional information requested on the nominating sheet. All questions on this form must be answered.

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)

	TES:
HOBBIES:	
	CTIVES: (include previous camp attendance)
	BY:
	ENDORSEMENTS
UNIT LEADER (to inclu	de address):
	BY:
	N:
	BY:

THE AMERICAN LEGION, DEPARTMENT OF ILLINOIS WOOD BADGE SCHOLARSHIP APPLICATION

GUIDELINES:

- 1. This scholarship program covers the following Wood Badge courses:
 - Scout Leader Wood Badge an in-depth course of leadership skills. Common to all leadership roles.
- 2. There shall be awarded annually ONE scholarship up to \$150.00.
- 3. Scholarships will cover tuition fee only. The recipient must furnish transportation to and from Wood Badge course locations.
- 4. Applicants must satisfy all Wood Badge course prerequisites.
- 5. Applicants must be a member of The American Legion, American Legion Ladies Auxiliary or Sons of The American Legion in good standing.

INSTRUCTIONS:

Complete this application and secure official approvals and authorization from The American Legion Post Commander and the local council Scout executive. From your local council Scout executive, obtain the dates and location of Wood Badge courses and enter dates and location of course selected.

RETURN TO:

THE AMERICAN LEGION, DEPARTMENT OF ILLINOIS

DEPARTMENT BOY SCOUT COMMITTEE

P.O. BOX 2910

BLOOMINGTON, ILLINOIS 61702-2910

POSTMARKED NO LATER THAN APRIL 15TH



Name of course		Dates	20	
ocation		BSA Council		
Amount \$				
CANDIDATE				
Vame		Occupation		
Address	City	State	Zip	
exAge	Marital Status	Children	_Ages	
fembership in other organizations_				

OTHER INFORMATION

*Current member of Legion Post N	loCity		State	Zip
Legion Offices held				
Legion Post Commander Certificati	ion	s Signature Required)		
SCOUTING BAC	KGROUND IN	FORMATION		
Number of years Scouting experience	ce; Youth	Adult		
Scouting positions held: Current				
Past				
Training experiences and awards rec				
If awarded this Wood Badge scholar, cated on this application and further of others upon my return from the Wo	agree to ata my council with it	sportation and participate in s leadership training progran	the Wood Badge 1 through instruct	experience indi- ion and coaching
Signature of Applicant			_Date	
	R LOCAL COU			
tatement by local council stating why ompleted the prerequisites for the co	y this application should be cor urse selected.	rsidered for scholarship and t	hat the applicant	has satisfactorily
Council NoSign	nature of Scout Executive			
Address			Date	·

*Legion members in good standing only can apply. (PLEASE MAKE SURE TO INCLUDE POST NUMBER)