

**THE AMERICAN LEGION  
DEPARTMENT OF RHODE ISLAND  
EAGLE SCOUT OF THE YEAR  
NOMINATION FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Age: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**APPLICANT SEND THIS APPLICATION TO AMERICAN LEGION  
DEPARTMENT OF RHODE ISLAND, PO BOX 1191, PAWTUCKET,  
RHODE ISLAND 02862**

**Eligibility Requirements**

- 1. Be a registered, active member of a Boy Scout Troop.**
- 2. Received the Eagle Scout Award**
- 3. Have reached his 15<sup>th</sup> birthday and be enrolled in high school at time of selection.**
- 4. Be a resident of Rhode Island.**
- 5. Nomination year is May 1, 2020 – May 1, 2021.**

**Note: Eagle Scouts still in high school who reach their 18<sup>th</sup> birthday during the nomination year remain eligible if other qualified.**

## Scholarships

1. American Legion Department of Rhode Island is presenting three scholarships, 500.00 for first place, 300.00 for second place and 200.00 for third place.
2. Applications must be post marked by May 1, 2021.

## Supporting Documents

### 1. Scouting Record

	Years	Unit No	Sponsor
Cub Scout	_____	_____	_____
Boy Scout	_____	_____	_____
Varsity Scout	_____	_____	_____
Venturing Crew	_____	_____	_____

Earle Scout Received: \_\_\_\_\_ Palms: \_\_\_\_\_

2. Leadership position: On additional sheet of paper list (1) leadership positions held in Cub Scout Pack, Boy Scout Troops, Varsity Scout Team and/or venturing Crew. (2) List other scouting activities you have participated in (Jamborees, Order of the Arrow Conferences, etc.).
3. Eagle Scout Project: On additional sheet of paper describe your Eagle Scout Project and provide photos.

4. Community Participation: On additional sheet of paper list community organizations in which you have held membership excluding high school and Scouting. Additionally list other activities that you were involved with directly or indirectly.

5. Career Interest: On additional sheet of paper describe you career interest and/or goals. The selection committee realizes that in many cases, applicants will not have decided on career goals; however, complete this section to best of your ability.

6. Three Letters of recommendation: One letter each from your school, community and scouting.

#### AUTHORIZATION

##### CERTIFICATION BY EAGLE SCOUT

I certify to the accuracy of the foregoing facts.

SIGNATURE OF EAGLE SCOUT: \_\_\_\_\_ DATE: \_\_\_\_\_

##### PARENTAL CONSENT

We hereby certify that the information on this application pertaining to our son's age and grade in school is correct. We are willing and desirous that he become American Legion Department of Rhode Island Eagle Scout of Year.

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

##### SCOUT UNIT LEADER

The above named applicant is qualified in every respect to represent American Legion Department of Rhode Island and Boy Scouts of American and has our recommendation.

SIGNATURE OF SCOUT UNIT LEADER: \_\_\_\_\_ DATE: \_\_\_\_\_