

**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 15th birthday and be enrolled in high school at time of selection.**
- 4. Be a resident of Rhode Island.**
- 5. Nomination year is May 1, 2017 – May 1, 2018.**

Note: Eagle Scouts still in high school who reach their 18th 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, 2018.

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:** _____

