



# Sons of Union Veterans of the Civil War Eagle Scout Commendation Application

Forty-five (45) days advance notice requested

## EAGLE SCOUT INFORMATION

Date of Request \_\_\_\_\_

Eagle Scout's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone Daytime (\_\_\_\_) \_\_\_\_ -- \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_ -- \_\_\_\_\_

E-mail \_\_\_\_\_

Name as it will appear on certificate \_\_\_\_\_

## COURT OF HONOR INFORMATION

Eagle Scout Board of Review Date \_\_\_\_\_

Eagle Scout Court of Honor Date \_\_\_\_\_ Time \_\_\_\_\_

Location of Court of Honor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Contact person for certificate:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone Daytime (\_\_\_\_) \_\_\_\_ -- \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_ -- \_\_\_\_\_

E-mail \_\_\_\_\_

## EAGLE SCOUT PROJECT (OPTIONAL)

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- *This form may be filled out online and printed.*
- *Mail or e-mail this completed form to Department Eagle Scout Coordinator*