



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: _____ BSA Council & District: _____

Eagle Scout's Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Daytime: (____) ____ - _____ Evening: (____) ____ - _____ Cell: (____) ____ - _____

E-mail: _____ & _____

Name to appear on Certificate: _____

COURT OF HONOR INFORMATION

Eagle Scout Board of Review Date: _____

Eagle Scout Court of Honor Date: _____

Location of Court of Honor: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person for Certificate: Name _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Daytime: (____) ____ - _____ Evening: (____) ____ - _____ Cell: (____) ____ - _____

E-mail: _____ & _____

EAGLE SCOUT PROJECT SUMMARY

SUVCW CAMP and EAGLE SCOUT COORDINATOR CONTACT INFORMATION

Commander
Col. George L. Willard Camp #154
P.O. Box 13681
Albany, NY 12212-3681
<http://www.glwillard154.org>

