VETERAN APPLICATION
BOY SCOUTS OF AMERICA

APPLYING FOR _____-YEAR VETERAN STATUS

DATE NEEDED _____

DO NOT WRITE IN THIS SPACE.

FOR COUNCIL USE ONLY	
COUNCIL #	Type of Unit* _____ Unit number _____ _____ Scouter position

Please print or type.

Name (MR.; MRS.; MS.) _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

If you have been previously recognized as a veteran, give the date on your last certificate and the recognition you received.

Date of certificate _____ Recognition _____ -year award.

If you have never applied for veteran recognition before, check this box. ☐

Applications for 5-, 10-, 15-, and 20-year veteran awards are processed and awarded by the local council. They are not sent to the national office.

Applications for awards of 25 years or more only are processed and awarded by the national office.

Veteran insignia may be worn as pins or tie tacs and may be ordered from your local council.

REGISTRATION RECORD

1. If previously recognized, list only registration record since date of last award through current date.
2. If applying for the first time, give complete registration record through current date.

FROM		TO		TYPE OF UNIT*	NO.	CITY AND STATE	POSITION
MONTH	YEAR	MONTH	YEAR				

* indicate pack, troop, team, crew, ship, district, or council.

APPLICATION FOR VETERAN STATUS

I hereby apply for veteran status as indicated by the above registration record, which is a true report of my Scouting history. I agree to live up to the Scouting obligations. I will keep the local Scouting authorities in the community informed as to my availability for service to the community. I agree to take as active a part in the promotion of the cause of Scouting as circumstances will permit.

SIGNATURE OF APPLICANT _____

LOCAL COUNCIL RECOMMENDATION

A thorough review of the registration record of the applicant indicates registration for the period indicated. We recommend approval of this application and issuance of the veteran certificate.

DATE _____ SCOUT EXECUTIVE'S SIGNATURE _____