



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)

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