



# 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 INFORMATION (OPTIONAL)

---

---

---

---

---

---

---

---

## SUVCW CAMP and EAGLE SCOUT COORDINATOR CONTACT INFORMATION

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



Richard C. Saunders, Jr.  
13 Thomson Avenue  
Glens Falls, NY 12801-2220  
518.792.1412 [rs4liberty@aol.com](mailto:rs4liberty@aol.com)