

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

Forty-five (45) days advance notice requested

EAG	SLE SCOUT INFORM	ATION	
Date of Request			
Eagle Scout's Name			Age
Address	City	State	Zip
Unit Type (Troop, Crew, Etc)		Unit Num	ber
Location of Unit: City		State Zip Code _	
Name as it will appear on certificate			
COUR	T OF HONOR INFOR	RMATION	
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		Phone Evening	
E-mail			
EAGLE S	SCOUT PROJECT (OPTIONAL)	

- This form must be completely filled out online.
- E-mail this completed form as an attachment to Department Eagle Scout Coordinator or The National Eagle Scout Coordinator at eaglescouts@suvcw.org