



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 appears 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 printed out and printed.*

**Mail or e-mail this completed form to Missouri Department Eagle Scout Coordinator:*

Robert (Bob) Hammack
3417 Brown Road
St. John, MO 63114-4329
Phone 314-489-9895
E-mail: seahorse6768@aol.com