

Information for Applicant

- A merit badge application can be approved only by a registered merit badge counselor.
- You must have a buddy with you (Scout buddy system) at each meeting with the merit badge counselor.
- Turn in your approved application to your unit leader. You will be awarded the merit badge emblem and certificate at a suitable occasion.

Information for Counselor

- Merit badge applications must be signed in advance by the applicant's unit leader.
- The Scout must have his buddy (Scout buddy system) in attendance at all instructional sessions.
- You may not change any requirement, but you may share your knowledge or experience that will make the counseling more interesting and valuable.

Counselor initial																				
Date of approval																				
Requirement No. and letter																				
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APPLICATION FOR MERIT BADGE

Name _____
 Address _____
 City _____

is a registered
 Boy Scout Varsity Scout Venturer
 of _____ No. _____
 (Troop, team, crew, ship)

District _____
 Council _____

and is qualified to begin working for the merit badge noted on the reverse side.

 Date Signature of unit leader



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The applicant has personally appeared before me and demonstrated to my satisfaction that he has met all requirements for the (please print)

_____ Merit badge

_____ Name of counselor

_____ Address of counselor

_____ City _____ Zip Code

_____ Telephone number of counselor

_____ Signature of counselor _____ Date

Checked and recorded:

_____ Date _____ Initials

Date certificate and badge presented: _____

Applicant will turn in this portion to his unit leader for record posting.

APPLICANT'S RECORD

Name _____

has given me his completed application for the

_____ Merit badge

Completed on _____ / _____ / _____ by _____
Date

_____ Signature of counselor

_____ Signature of unit leader

NOTE TO BOY SCOUT, VARSITY SCOUT, OR VENTURER: Retain this copy for your permanent records.

COUNSELOR'S RECORD

Applicant _____

Troop

Team Unit number _____

Crew

_____ Merit badge

Date completed _____ / _____ / _____

Remarks:

It is suggested that the counselor keep this record for at least 1 year in case any question is raised later in regard to this award.

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_____ Merit badge

_____ Name of counselor

_____ Address of counselor

_____ City _____ Zip Code

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Checked and recorded:

_____ Date _____ Initials

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