

**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      Troop      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 \_\_\_\_\_ Date \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_ 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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\_\_\_\_\_ Name of counselor

\_\_\_\_\_ Address of counselor

\_\_\_\_\_ City \_\_\_\_\_ Zip Code

\_\_\_\_\_ Telephone number of counselor

\_\_\_\_\_ Signature of counselor \_\_\_\_\_ Date

Checked and recorded:

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