



LEADERS OF SERVICE SCHOLARSHIP

Name: First, M.I., Last

Address

City, State, Zip

Home Phone

Date of Birth (dd/mm/yyyy)

Email

HS Graduating from

Year

College Attending

Unit & Number

Date of Eagle Board of Review

Awarding Council

SCOUT CERTIFICATION

I hereby certify that the foregoing information is accurate and all the required information has been submitted. If I am the recipient, I will make myself available to receive the award at a presentation ceremony as designated

Scout Signature

Date

UNIT LEADER'S CERTIFICATION

I hereby certify that the above-named Scout is an active member of our unit (or was)when the award was received and the information supplied by the candidate is accurate to the best of my knowledge

Unit Leader Signature

Position

Date

PARENT'S CONSENT

I hereby certify that all information on this application is correct. I willingly submit this name for consideration for the Leaders of Service Scholarship. If this individual is selected as the recipient, I will ensure that he/she is allowed to attend a presentation ceremony as designated by the Alpha Phi Omega Eagle Scout Alumni Association.

Parent/Gardian Signature

APO Affiliation

Date