



"That of God" Application

Please complete all sections, incomplete applications will delay processing

"SAVE AS" with Scout's first & last name

Scout's Name: _____ Age: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Check one: BSA GSUSA
Pack/Troop/Unit Number: _____ Rank/Program Level: _____

Council Name: _____ Council Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Monthly Meeting/Friends Church: _____

Address: _____

City: _____ State: _____ Zip: _____

Clerk/Pastor: _____

I certify that the above named Scout has completed the "That of God" program packet.

Parent/Guardian: _____ Date: _____

Clerk/Pastor: _____ Date: _____

"That of God" award & shipping \$ _____

Payment options, check one: Check Money Order

Checks or Money Orders – payable to "Friends Committee on Scouting"

Ship to: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Email: _____

Before submitting your order please check for current prices at: <http://quakerscouting.org>