



# "Spirit of Truth" 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

Troop/Crew/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 "Spirit of Truth" program packet.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Clerk/Pastor: \_\_\_\_\_ Date: \_\_\_\_\_

-----  
"Spirit of Truth" 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>