

The Scout or Venturer is to fill out the following application:

## Application

Print name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Rank \_\_\_\_\_

Unit no. \_\_\_\_\_ Meeting place \_\_\_\_\_

Council name \_\_\_\_\_ No. \_\_\_\_\_

Headquarters city \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Rabbi or counselor \_\_\_\_\_

Name of organization \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Certification

This is to certify that

\_\_\_\_\_  
Name (Print)

has fulfilled the requirements of the Etz Chaim program. He or she is worthy of the award.

Date \_\_\_\_\_

\_\_\_\_\_  
Unit leader

\_\_\_\_\_  
Parent or guardian

\_\_\_\_\_  
Rabbi or counselor

\_\_\_\_\_  
Local council Jewish committee (If one exists)

\_\_\_\_\_  
Certification by the local council

## To Order the Award

Ship to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone

Send total payment of \$11 plus \$1 postage (check or credit card) with this page. If paying by credit card, please provide the following information:

Circle one: MasterCard Visa

Cardholder's name \_\_\_\_\_

Cardholder's address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account no. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration date \_\_\_\_\_

Signature \_\_\_\_\_

Orders received without payment will be returned. Prices are subject to change without notice.

Total amount enclosed: \$ \_\_\_\_\_

### Checklist

1. Is the application section completed?
2. Have all necessary signatures been obtained?
3. Is payment enclosed? (The local synagogue, center, troop, crew, or local council Jewish committee usually pays for the award.)

Mail the completed application and check to:

National Jewish Committee on Scouting  
 c/o PRAY  
 8520 Mackenzie Road  
 St. Louis, MO 63123-3433  
 314-638-1017

Fax service is available for a \$4 charge; fax 314-638-7250.