

APPLICATION FOR MERIT BADGE

- Name _____

Address _____

City _____

Email _____

Is a registered

☒ Scout ☐ Venturer ☐ Sea Scout

of Troop No.

Troop, crew, ship

District _____

Council _____

Signature of unit leader
Date

Leader's Email _____



BOY SCOUTS OF AMERICA®

34124

[illegible]

- The applicant has personally appeared before me
- and demonstrated to my satisfaction that all
- requirements have been met for the (please print)

Aviation Merit Badge

Merit Badge

Name of Counselor

Hiller Aviation Museum, 601 Skyway Road

Address of counselor

San Carlos, CA 94070

City

Zip Code

(650) 654-0200

Telephone number of counselor

education@hiller.org

Email address of counselor

Signature of counselor

Date

Checked and recorded:

Date

Initials

Date certificate and badge presented:

Date

**Applicant will turn this portion to his unit leader
for record posting.**

APPLICANT'S RECORD

Name

has given me this completed application for the

Aviation Merit Badge

Merit badge

Completed on _____ by _____
Date

Signature of counselor

Signature of unit leader

**NOTE TO SCOUT, VENTURER, OR SEA SCOUT:
Retain this copy for your permanent records.**

COUNSELOR'S RECORD

Applicant

☒ Troop

☐ Crew

☐ Ship

Unit number

Aviation Merit Badge

Merit Badge

Date completed

Remarks:

**It is suggested that the counselor keep this
record in case any question is raised later in
regard to this award.**