

## The Grand Lodge of Connecticut, Ancient, Free & Accepted Masons and The Connecticut Masonic Scouters Association

## MASONIC EAGLE SCOUT COMMENDATION REQUEST FORM



Today's Date:

The Connecticut Masonic Eagle Scout Commendation recognizes the dedication of a scout to the pursuits of Scouting and the achievements leading to Eagle Scout. The Connecticut Grand Lodge & the Connecticut Masonic Scouters Association (CMSA) now offer Eagle Scouts a personal commendation certificate, suitable for framing, and a personal letter of congratulations from the Grand Master of Connecticut and the CMSA. Please allow 4 to 6 weeks for processing. All commendation kits will be presented at the Scout's Eagle Court of Honor by a Mason or at a Lodge Stated Communication. Please complete this form and send it to:

Connecticut Masonic Scouters Association 36 Woodhaven Dr. Avon CT 06001 • cmsa-awards@ctfreemasons.net • fax (203) 452-9418

	Name of Eagle Scout (as it will appear on the certificate and letter, please include middle initial):	
City, State:    City, State:		
City, State:    City, State:		
City, State:    Phone:	Address:	
Desired Presentations (select): □ Eagle Scout Court of Honor / □ Lodge Stated Communication  Presentation Date (MDY): □ Time: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	City, State:	
Presentation Date (MDY): Time:  Location: Unit Type (select): Troop / Team / Crew /S  Eagle Scout Board of Review Date (MDY):  BSA Council Name: No.:	Zip: Phone:	
Cocation:    Cocation:	Desired Presentations (select): 🗅 Eagle Scout Court of Hono	or / 🗅 Lodge Stated Communication
Eagle Scout Unit Number: Unit Type (select): Troop / Team / Crew / Seagle Scout Board of Review Date (MDY):  SSA Council Name: No.:  Council Address:  Requesting Individual:  City, State:	Presentation Date (MDY): Tin	ne:
Eagle Scout Unit Number: Unit Type (select): Troop / Team / Crew / Seagle Scout Board of Review Date (MDY):  SSA Council Name: No.:  Council Address:  Requesting Individual:  City, State:	_ocation:	
Eagle Scout Board of Review Date (MDY):  BSA Council Name:  Council Address:  Requesting Individual:  City, State:		
SSA Council Name: No.: Council Address: Requesting Individual: City, State:	Eagle Scout Unit Number: Unit Ty	rpe (select): 🗆 Troop / 🗅 Team / 🗅 Crew /🗅Shi
Council Address:  Requesting Individual:  Address:  City, State:	Eagle Scout Board of Review Date (MDY):	
Requesting Individual:  Address:  City, State:	BSA Council Name:	No.:
Requesting Individual:  Address:  City, State:	Council Address:	
Address: City, State:		
City, State:	Requesting Individual: Leading States	
City, State:		
	Address: Landscape	
Zip: Phone:	City, State:	
	Zip: Phone:	