<ul> <li>Information for Applicant</li> <li>A merit badge application can be approved only by a registered merit badge counselor.</li> </ul>	Counselor	Initial									APPLICATION FOR MERIT BADGE
<ul> <li>You must have a buddy with you (Scout buddy system) at each meeting with the merit badge counselor.</li> </ul>	Date of	approval									_ Address - City - Email
Turn in your approved application to your unit leader. You will be awarded the merit badge emblem and certificate at a suitable occasion.     Information for Counselor     Merit badge applications must be signed in	Requirement	No. and letter									Is a registered       .         X Scout       □ Venturer       □ Sea Scout         of       Troop       No.         Troop, crew, ship       .
<ul> <li>advance by the applicant's unit leader.</li> <li>The Scout's buddy (Scout buddy system) must also be in attendance at all instructional sessions.</li> </ul>	Counselor	Louiseior Initial									District Council I have discussed this merit badge with this scout and recommended at least
<ul> <li>You may not change any requirement, but you may share your knowledge or experience that will make counseling more interesting and valuable.</li> </ul>	Date of	approval									one merit badge counselor.     Signature of unit leader Date
- - - -		No. and letter	1ABC	I 1DE	1 2BD	I 3B	4C	5			- Leader's Email - - - - - - - - - -

<ul> <li>The applicant has personally appeared before me</li> <li>and demonstrated to my satisfaction that all</li> </ul>	APPLICANT'S RECORD	COUNSELOR'S RECORD
requirements have been met for the (please print) Aviation Merit Badge	Name	Applicant
- Merit Badge	has given me this completed application for the	- 🕅 Troop -
<ul> <li>Name of Counselor</li> <li>Hiller Aviation Museum, 601 Skyway Road</li> </ul>	Aviation Merit Badge	□ Crew         Unit number            □ Ship
Address of counselor San Carlos, CA 94070	- Ŭ	Aviation Merit Badge
- City Zip Code (650) 654-0200	Completed on by - Date	- Merit Badge -
<ul> <li>Telephone number of counselor</li> <li>education@hiller.org</li> </ul>	-	- Date completed
Email address of counselor	Signature of counselor	Remarks:
- Signature of counselor Date	-	
Checked and recorded:	Signature of unit leader	
Date Initials	-	
Date certificate and badge presented: Date	-	
Applicant will turn this portion to his unit leader - for record posting.	NOTE TO SCOUT, VENTURER, OR SEA SCOUT: - Retain this copy for your permanent records.	It is suggested that the counselor keep this - record in case any question is raised later in regard to this award.