



Troop 8 | First Baptist Jackson
Application for Merit Badge

Advancement Team Use Only

TM Entry by _____ Date _____

Name: _____ **Rank:** _____

Merit Badge: _____

Approval of Scoutmaster or Designee: Applicant is eligible to seek counseling from an approved Merit Badge Counselor in the above Merit Badge

Date: Name of Unit Leader Signature of Unit Leader

Counselor Final Approval: Applicant has demonstrated to my satisfaction that he has met all the requirements for this Merit Badge.

Date: Name of Counselor Signature of Counselor

Requirements should be completed within six (6) months of starting. To obtain credit, turn this form in to the Troop Advancement Team's Advancement Basket. Please keep a copy for your records.