

**2010 FREE RANK ADVANCEMENT APPLICATION**

In addition to the accident/sickness insurance, general liability insurance, training, camps, district activities already provided by the Simon Kenton Council, your unit may qualify for free rank advancement. Your unit can qualify to receive rank badges listed below. Merit badges/arrows will be available from the Scout Shop or satellite office.

Rank Badges: Tiger, Bobcat, Wolf, Bear, Webelos, Arrow of Light Scout, Tenderfoot, 1<sup>st</sup> Class, 2<sup>nd</sup> Class, Star, Life, Eagle and Venturing Devices

**PLEASE COMPLETE**

Unit # \_\_\_\_\_ District \_\_\_\_\_  
Leader's Name \_\_\_\_\_ Position \_\_\_\_\_  
Phone # \_\_\_\_\_ Email \_\_\_\_\_

The following **six** criteria must be met at recharter time and the Free Advancement Application (see back) must be completed and turned in with the unit charter:

1. Earned Centennial Quality Unit. Application attached. Yes \_\_\_\_\_  
(Initial)

2. Membership Increase of \_\_\_\_\_ scouts. Yes \_\_\_\_\_  
(Initial)

Membership December 31, 2008 \_\_\_\_\_  
Membership December 31, 2009 \_\_\_\_\_

3. Training Yes \_\_\_\_\_  
• ALL Top and Direct Contact Leaders have received YOUTH PROTECTION Training (Initial)  
• ALL Top Leaders have received Basic Leader Training

4. Friends of Scouting Yes \_\_\_\_\_  
Friends of Scouting presentation was held on \_\_\_\_\_, 2009. (Initial)  
The 2010 FOS presentation is scheduled for \_\_\_\_\_, 2010.  
(Must be conducted by March 30, 2010)

5. Simon Kenton Council Camping\* Yes \_\_\_\_\_  
SKC Camps Promotional presentation is scheduled for \_\_\_\_\_, 2010 (Initial)  
(Must be conducted by April 30, 2010)

*\*Please Note: this criterion on the 2011 Free Rank Advancement Form will require the unit to participate in a Simon Kenton Council, BSA Summer Camp Experience in the summer of 2010.*

6. Popcorn Sale Yes \_\_\_\_\_  
(Initial)

I certify that this charter is correct, complete; 100% fees paid and turned in on time (prior to year-end).

Certified by: \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_  
District Commissioner Signature/ Printed Name

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
District Executive / Field Director

Please note: There will be no exceptions regarding the criteria and incomplete forms will not be accepted.