

# THE NATIONAL JEWISH COMMITTEE ON SCOUTING

## Aleph Emblem Application

*This emblem has been developed by the National Jewish Committee on Scouting for Jewish Scouts and may only be awarded to Jewish Scouts.*



WWW.JEWISHSCOUTING.ORG

### Ship To:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

### Candidates Information:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Troop No.: \_\_\_\_\_ BSA Council: \_\_\_\_\_

### Certification:

This is to certify that \_\_\_\_\_ has completed the Aleph emblem requirements. We recommend that he be approved for this honor.

Parent Signature and Date: \_\_\_\_\_

Rabbi or Counselor Signature and Date: \_\_\_\_\_

Printed Rabbi Name: \_\_\_\_\_

Congregation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Unit Leader Signature and Date: \_\_\_\_\_

I certify the Scout applying for this emblem is a registered member of the BSA.

<b>Order Information:</b>	<b>Number</b>	<b>Cost/Per</b>	<b>Subtotal</b>
Medal and Certificate	_____	\$18.00	_____
Required Registration Fee per Student	_____	\$1.00	_____
Rush Order/Fax Service	_____	\$6.00	_____
Required Shipping/Handling Fee per Order*	_____		\$5.00
<b>Total Payable</b>			_____

### Shipping: - Check One:

- Standard Shipping via First Class Mail (included above) \_\_\_\_\_ N/A
- USPS Priority Mail 2-3 days not guaranteed \$7.50 \_\_\_\_\_
- Expedited — 1 or 2 days depending on zip code \$30.00 \_\_\_\_\_

**Grand Total (amount of order plus special fees)** \_\_\_\_\_

### Credit Card Information:

All orders must include payment in full by check, money order, or credit card. For credit card, please provide the following information: Check one:

- MasterCard  Visa  Discover

Cardholder's Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Acct# \_\_\_\_\_ CV2 code: \_\_\_\_\_

The CV2 code is the last three digits on the backside of the credit card in the signature box.

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Make checks payable to P.R.A.Y. with this form send to:

**P.R.A.Y. Attn: NJCOS**  
11123 S. Towne Sq. Ste B  
St. Louis, MO 63123

**www.praypub.org**  
1.800.933.7729  
Fax 314.845.0038

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### **Notes:**

#### **Rush Order/Fax Service:**

All fax orders are assessed \$6.00 fee.

This fee is assessed per shipping address

Faxes received by noon central time are processed/shipped same day.

Priority mail or expedited shipping if requested is an additional charge.

#### **Shipping:**

All orders are assessed a standard shipping/handling fee per shipping address.

Allow two to three weeks for delivery.

Overnight shipping requires a street address and zip code.

To upgrade shipping, visit [www.praypub.org](http://www.praypub.org) for explanation and fees.

\*Orders shipped together are assessed one fee and sent via First Class Mail.