## **2020 NOMINATION FORM**

**GRAND TETON COUNCIL** 

**NOMINATIONS** DUE **JANUARY 31, 2020** 

NOTE: Submit ONLY this form – No additional letters or forms will be considered.\*\*\*\*

THE AWARD'S PURPOSE

To recognize adult Scouters and community citizens for devoted service to

Scouting and youth.

**PRESENTATION ELIGIBILITY REQUIREMENTS**  At the 2020 Council Recognition Night in the spring.

To be considered for the Silver Beaver Award, the nominee MUST have:

- 1. At least 10 or more years registered of adult service (with 5 or more in the Grand Teton Council).
- 2. Have rendered distinguished service as a Scouting volunteer.

The application should not be shared with, discussed with, or submitted by nominee. Please be as complete and discreet as possible. The amount of information provided is critical to the selection process. (Please print clearly.) \_\_\_\_\_Occupation: \_\_\_ Full Name: \_\_ \_\_\_\_\_ Age: \_\_\_\_\_ Phone(s): \_\_\_

Address:		City:		State:	ZIP:	
Nominee's e-mail address:						
Currently registered in:	Dis	trict. Scouting positions(s):				
ADULT SCOUTING LEADER	RSHIP POSITIONS HE	LD:				
Position	Year Position	Year	Position		Year	

**TOTAL Number of Years as an ADULT LEADER:** 

SCOUTING LEADER TRAINING COURSES COMPLETED:

**Position Position Position** Year Year Year

Recognition	Year Recognition	HONORS RECEIVED: Year	Recognition	<u>Year</u>
SERVICE RENDERED OUT (Adult service to church, communit Organization			itary, or service other than <u>Organ</u>	n Scouting.) ization
RECOGNITION AND HONO	PRS/AWARDS RECE	IVED (Outside of Scou	ting):	
Provide additional informati	on that illustrates thi	s nominee's dedication	and service to Scou	iting and youth:
Submitted by (please print legibly)		Phone	Dat	е
Address (please print legibly)		City	Sta	te Zip

Submit or mail to:

Grand Teton Council Idaho Falls Service Center 3910 So. Yellowstone Highway Idaho Falls, ID 83402

Grand Teton Council Pocatello Service Center 2306 Pocatello Creek Road Pocatello, ID 83201