

2020 NOMINATION FORM
GRAND TETON COUNCIL

**NOMINATIONS
DUE
JANUARY 31, 2020**

HALL OF FAME AWARD

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

| | |
|--------------------------|--|
| THE AWARD'S PURPOSE | To recognize Silver Beaver recipients who continue their service to Scouting and youth. |
| PRESENTATION | At the Spring Council Recognition Night in conjunction with the annual Silver Beaver Award presentations. |
| ELIGIBILITY REQUIREMENTS | To be considered for the Hall of Fame Award, the nominee MUST have: 1. Received a Silver Beaver (any Council) 10 or more years ago. 2. Continued to give active service in Scouting. |

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!)

Full Name: _____ Phone(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Nominee's e-mail address: _____

Nominee received Silver Beaver Award from _____ Council on this date: _____

Current registered in Scouting position(s) _____

Service in Scouting since receiving Silver Beaver Award _____

| | | |
|-------------------------------------|-------|-----------|
| Submitted by (please PRINT clearly) | Phone | Date |
| Address (please PRINT clearly) | City | State Zip |

YOU MUST COMPLETE THE BACK SIDE OF THIS NOMINATION FORM

ADULT SCOUT LEADERS RECOGNITION AND HONORS RECEIVED:

| <u>Recognition</u> | <u>Year</u> | <u>Recognition</u> | <u>Year</u> | <u>Recognition</u> | <u>Year</u> |
|--------------------|-------------|--------------------|-------------|--------------------|-------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

SERVICE RENDERED OUTSIDE OF SCOUTING PROGRAM:

(Adult service to church, community, education, business, civic, professional, fraternal, military, or service other than Scouting.)

| <u>Organization</u> | <u>Organization</u> | <u>Organization</u> |
|---------------------|---------------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

RECOGNITION AND HONORS/AWARDS RECEIVED (Outside of Scouting):

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

State an experience or example that shows noteworthy or exceptional service to youth through Scouting which prompts this recommendation:

Submit or mail to: Grand Teton Council
Idaho Falls Service Center
3910 So. Yellowstone
Idaho Falls, ID 83402

OR

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