

# SILVER BEAVER AWARD

**\*\*\*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 2019 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.)**

Full Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Age: \_\_\_\_\_ Phone(s): \_\_\_\_\_

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

Nominee's e-mail address: \_\_\_\_\_

Currently registered in: \_\_\_\_\_ District. Scouting positions(s): \_\_\_\_\_

**ADULT SCOUTING LEADERSHIP POSITIONS HELD:**

Position	Year	Position	Year	Position	Year
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

**SCOUTING LEADER TRAINING COURSES COMPLETED:**

Position	Year	Position	Year	Position	Year
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**YOU MUST COMPLETE THE BACK SIDE OF THIS NOMINATION FORM**

