

# 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 Council Recognition Night on April 21, 2018.

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.**

Full Name (Please Print) \_\_\_\_\_ Occupation \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

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

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

Currently registered in \_\_\_\_\_ District in Scouting position(s): \_\_\_\_\_

Unit: \_\_\_\_\_

**ADULT SCOUTING LEADERSHIP POSITIONS HELD:**

<u>Position</u>	<u>Year</u>	<u>Position</u>	<u>Year</u>	<u>Position</u>	<u>Year</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

**SCOUTING LEADER TRAINING COURSES COMPLETED:**

<u>Position</u>	<u>Year</u>	<u>Position</u>	<u>Year</u>	<u>Position</u>	<u>Year</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**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):**

_____	_____
_____	_____
_____	_____

**Provide additional information that illustrates this nominee’s dedication and service to Scouting and youth:**

Submitted by (please print legibly)				Phone		Date	
Address (please print legibly)				City		State Zip	

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

**OR**

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