

# 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 April 21, 2018 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:<br>1. Received a Silver Beaver (any Council) 10 or more years ago.<br>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.

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

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

Nominee received Silver Beaver Award from \_\_\_\_\_ Council on \_\_\_\_\_  
Date \_\_\_\_\_

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

\_\_\_\_\_ Unit number , if applicable \_\_\_\_\_

Service in Scouting since receiving Silver Beaver Award \_\_\_\_\_

|                    |             |                       |
|--------------------|-------------|-----------------------|
| Submitted by _____ | Phone _____ | Date _____            |
| Address _____      | City _____  | State _____ Zip _____ |

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

