

Nomination Form for:
Paul D. Arend Distinguished Scoutmaster Award

Privileged and Confidential

PLEASE TYPE OR PRINT ALL INFORMATION

Return to your District Advancement Chair or the Council Office by December 31.

DISTRICT: _____ **Troop Number:** _____

Candidate's full name: _____ BSA Registration #: _____

Home Address: _____
Street City State Zip

E-mail Address _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Troop Number: _____ Troop Affiliation/Sponsor _____

Troop Meeting Address: _____

Troop Meeting date and time: _____

Selection Criteria Questions:

1. Years registered as a Scout Leader: _____

2. Years registered as a Scoutmaster: _____

3. Based on the following formula, what is the ratio of Eagle Scouts to non-Eagle Scouts during the years registered as a Scoutmaster: _____% (*annual number of Life Scouts attaining Eagle/current number of non-eagle registered scouts*)

4. On average, how many overnights does this Scoutmaster average per year: _____

5. Where does this Scoutmaster take his troop each year for Long Term Camping:
_____.

6. Describe how this Scoutmaster actively participates in both district and council activities: _____

_____.

7. Does this Scoutmaster have a history of promoting the God and Country Award and if so how?

8. One of the fundamental criteria for this award is the Scoutmasters interest in and ability to develop Scouts. Please describe this Scoutmasters interest and demonstrated ability to develop scouts in each of the following areas:

a. Character:

b. Citizenship:

c. Leadership:

d. Community Service:

9. A scoutmaster worthy of this award will have earned a reputation and will be known by his scouts, scouts parents, fellow leaders and his peers in the Scouting community. Please describe how and why this scoutmaster is respected in each of the following:

a. Religions Faith:

b. Integrity:

c. Kindness:

d. Compassion:

_____.

e. Inspiration:

_____.

f. Humility:

_____.

10. The purpose of this award is to recognize a Scoutmaster who sets the standard of Scoutmaster leadership and who exemplifies the award criteria. Please describe why those in the scouting community would agree he is deserving of this award.

I testify that the information provided in this award application is true and accurate and the Scoutmaster nominated deserves the honor.

_____	_____	_____
Print full name.	Signature:	Date
Scouting Position Title _____ District Advancement Chairman		
Home Address: _____		
Street,	City,	State Zip
Contact Information: E-Mail Address: _____		
Home Phone: _____	Work Phone: _____	Cell Phone: _____