

Silver Acorn

NOMINATION FORM

The purpose of this award is to recognize the Scouter that has gone above and beyond the call of the duty. Service to Scouting should be "noteworthy" and individual should exhibit Scouting Spirit and live up to the ideals of the Scout Oath and Law.

Name _____

Address _____

Current Registration: Where_____ Position _____

Prepared by_____ Phone Number_____

Address_____

City_____State_____Zip_____

Record of Service

Leadership Positions Held	District	Unit or Charter Partner	Approximate Dates (if known)		
				to	
				to	
				to	
				to	
				to	

over

General Information: (other information which might be helpful to committee)

_____

_____

_____

In 25 words or less provide a state that best describes this individual's deserving of this recognition:

_____

_____

_____

_____

Letters of reference can be attached to this nomination form.

Date approved:_____

Signed_____

By_____

Address_____

(Chairman, Award Committee)

Scouting Position_____

Presentation Date_____

Telephone_____

NOTE:

A. This recognition is to be presented to the spouse of a registered Scouter for service through personal sacrifice and support of their husband or wife involved in the Scouting movement.

B. To be eligible, the nominee MUST NOT HAVE BEEN REGISTERED in the Scouting program for at least five (5) years.

C. The spouse of the nominee must have been registered with tenure of at least two (2) years.

D. It is not necessary for the nominee to have ever been a register Scouter

NOTE: The nomination is confidential. To avoid possible disappointment, please do not advise nominee in any way of your action on his/her behalf.