

**Three Trails District
Cubmaster of the Year Award
2026 Nomination Form**

The Cubmaster of the Year Award recognizes an outstanding Cubmaster in the Three Trails District of the Heart of America Council who demonstrates exceptional leadership, dedication, and service to Cub Scouting. This award honors an individual who is delivering a high-quality program that inspires youth, supports families, and strengthens their pack and community. The award also reflects service beyond the pack, including active participation in district and council events, support of other leaders, and contributions to the broader Scouting community. This award celebrates not only what a Cubmaster does, but the lasting impact they have on the lives of the youth and families they serve.

The recipient exemplifies the values of Scouting through consistent commitment to the aims of character development, citizenship, and personal growth. They create a fun, inclusive, and engaging environment where Cub Scouts can thrive, while also fostering strong relationships with parents, leaders, and community partners.

Awardees reflect excellence in program planning, leader development, youth retention, and community involvement. Their efforts contribute meaningfully to the growth and success of Scouting within the Three Trails District and serve as a model for others to follow.

In addition to pack success, the Cubmaster of the Year is recognized for modeling the Scout Oath and Law in both word and action. The recipient serves as a trusted role model to youth and adults alike, maintaining a positive, inclusive, and respectful culture within their unit.

Nominee Information

First Name: _____ Last Name: _____
Street: _____ City: _____
State: _____ Zip Code: _____ Phone Number: _____
Email: _____

Unit Number: _____ Chartered Organization: _____

Years Registered as Cubmaster: _____
Total Years in Cub Scouting (if known): _____

Nominator Information

First Name: _____ Last Name: _____
Phone Number: _____ Email: _____

Relationship to Nominee (Committee Member, Parent, etc.): _____

Submission Instructions

Submit completed form and supporting materials to both:

Three Trails District Executive
Kevin Kramer
kevin.kramer@scouting.org

Three Trails Advancement Chair
Bob Crance
bob.crance@gmail.com

Subject Line: **Three Trails District Award Nomination**

Submission Deadline: _____

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Eligibility Confirmation

(Please check all that apply)

- ☐ Registered Cubmaster in good standing with Cub Scouts
- ☐ Completed Cub Scouts Leader Position Specific Training for Scoutmaster
- ☐ Current Safeguarding Youth Training
- ☐ Minimum of two years serving as Cubmaster
- ☐ Active within Three Trails District

Evaluation Criteria (Attach additional sheets if necessary)

1. Program Quality and Delivery

Describe how the nominee delivers a strong, high-quality Cub Scout program (pack meetings, outdoor programs, advancement, creativity, and demonstrates strong annual planning, etc.):

2. Youth Engagement & Retention

Describe how the nominee supports recruitment, achieves consistent advancement through all levels, is achieving good retention across all ages, and is advancing Cub Scouts into Troops:

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3. Leadership & Team Development

Explain how the nominee recruits, mentors and supports leaders, and promotes supplemental leader training:

4. Family & Community Involvement

Describe how the nominee achieves family and community engagement:

5. Adherence to Scouting Values & Policies

Provide examples of how the nominee exemplifies the Scout Oath and Law, serves as a positive role model, and promotes an inclusive, respectful pack environment:

6. Pack Growth & Sustainability

Describe how the nominee achieves long-term program growth:

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7. District & Council Participation

List how the nominee achieves unit participation in district and council activities (events, roundtables, leadership roles, etc.), supports leadership for district and council activities, and supports Scouting beyond the unit:

8. Overall Impact Statement

(Required)

Provide a compelling summary of why this individual deserves to be named Cubmaster of the Year:

Optional Supporting Materials (Attach if applicable)

- ☐ Letters of recommendation
- ☐ Testimonials from Scouts or parents
- ☐ Unit performance metrics (advancement, retention, etc.)
- ☐ Additional documentation

Signature

I certify the information provided is accurate to the best of my knowledge.

Nominator Signature: _____

Date: _____