

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 2020 Council Recognition Night in the Spring.
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