



**2010 SILVER BEAVER NOMINATION FORM**



“The Silver Beaver Award is made for noteworthy service of exceptional character to youth by registered leaders within the territory under the jurisdiction of a local council.”

**DEADLINE FOR SUBMISSION IS APRIL 15, 2010**

**NAME:**

\_\_\_\_\_ (Give full name and titles – if any – of the nominee. Please do not use abbreviations, initials only, or nicknames).

**ADDRESS:**

\_\_\_\_\_

**OCCUPATION:**

**EMPLOYER:**

\_\_\_\_\_

The nominee is registered in Scouting as \_\_\_\_\_ and holds a membership certificate expiring \_\_\_\_\_. If Scouter is registered in a unit, give the unit number \_\_\_\_\_.

**RECORD UPON WHICH THIS NOMINATION IS BASED**

Give pertinent facts, dates offices held. If more space is needed, please add extra sheets.

**SECTION A.** Record of service in the Boy Scouts of America. Give dates, unit numbers (if applicable), and Chartered Partner, positions held.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION B.** Statement covering the nominee’s standing in the community, citing activities in which the individual is most active in business, professional, civic, religious, educational, fraternal, veteran, rural, and other organizations *EXCLUSIVE OF SCOUTING*.

Note: Furnish as much information as possible, especially regarding a nominee’s service to other youth organizations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Use additional sheets if necessary**

**ADDITIONAL INFORMATION ABOUT NOMINEE**

Military Service: Branch \_\_\_\_\_

Rank \_\_\_\_\_

Awards/Honors \_\_\_\_\_

If married: Spouse's Name \_\_\_\_\_

Received District Award of Merit: \_\_\_\_\_

District

Year

Adult Scouting Awards Earned: \_\_\_\_\_

Professional, Civic & other awards: \_\_\_\_\_

Other comments about nominee: \_\_\_\_\_

---

---

---

---

---

---

---

---

**NOTE:** This nomination should contain all the facts possible about the candidate. The Silver Beaver Selection Committee will have no other information than this on which to base their decisions. In the interest of all candidates, complete information should be furnished. **Use additional sheets if necessary.**

**NOMINATED BY:** Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_ ZIP \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (B) \_\_\_\_\_  
Email \_\_\_\_\_ Date \_\_\_\_\_

To avoid any potential disappointment it is recommended that this nomination be completed and submitted without the knowledge of the nominee.