



# Skyline District Award Nominations

Nominee's Name	Phone	Unit
Address	City	Zip
Nominee's current registered Scouting position(s)		
Total time as registered Scouter: _____ yrs.	Total time in nominated position: _____ years ( <i>min. 1 year required</i> )	

**It is my pleasure to nominate this Scouter for the following award for exemplary service to the youth in Skyline (check one):**

<input type="checkbox"/> Outstanding Den Leader	<input type="checkbox"/> Outstanding Asst. Scoutmaster	<input type="checkbox"/> Outstanding COR
<input type="checkbox"/> Outstanding Cubmaster	<input type="checkbox"/> Outstanding Scoutmaster	<input type="checkbox"/> Outstanding Commissioner
<input type="checkbox"/> Outstanding Asst. Cubmaster	<input type="checkbox"/> Outstanding Troop Committee Member	<input type="checkbox"/> Outstanding District Committee Member
<input type="checkbox"/> Outstanding Pack Committee Chair	<input type="checkbox"/> Outstanding Troop Committee Chair	<input type="checkbox"/> District Family of the Year
<input type="checkbox"/> Outstanding Pack Comm Member		<input type="checkbox"/> Spark Plug Award – energetic & enthusiastic
		<input type="checkbox"/> John Harrison Service Award
		<input type="checkbox"/> Blume-Hardcastle-Hogue Award
		<input type="checkbox"/> Other: _____
		<input type="checkbox"/> District Award of Merit

**The nominee has served Scouting in the following positions (provide time in years e.g., 1.5 COR)**

<u>Time</u>	<u>Cub Scouts</u>	<u>Time</u>	<u>Boy Scouts</u>	<u>Time</u>	<u>District/Council</u>
_____	Tiger Leader	_____	Asst. Scoutmaster	_____	District Committee
_____	Den Leader	_____	Scoutmaster	_____	Key 6
_____	Asst. DL	_____	Troop Committee member	_____	Roundtable Staff
_____	Webelos Leader	_____	Troop Committee Chair	_____	Commissioner Staff
_____	Asst. WL	_____	Order of the Arrow	_____	District Training team
_____	Cubmaster	_____	Merit Badge Counselor	_____	Council (specify):
_____	Asst. CM	_____	COR	_____	Event Chair (specify):
_____	Committee member	<u>Time</u>	<u>Venture Crew</u>	_____	Event Key Staff:
_____	Committee Chair	_____	Advisor	_____	# of times key staff over past year (list):
_____	Pack Trainer	_____	Associate Advisor	_____	_____
_____	COR	_____	Committee Chair	_____	Event Volunteer (day of event) (list):
		_____	Committee Member	_____	_____

**Training completed:**

- Leader Specific Training (for current position)
- BALOO Training
- Outdoor Webelos Leader Training
- Intro to Outdoor Leader Skills
- Powderhorn
- PowWow
- Roundtable (regular attendee)
- University of Scouting
- Wood Badge
- Philmont
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**Awards & recognitions received:**

<input type="checkbox"/> Tiger Leader Knot	<input type="checkbox"/> Religious Knot - adult
<input type="checkbox"/> Den Leader Knot	<input type="checkbox"/> Quality Leader for current position
<input type="checkbox"/> Webelos Leader Knot	<input type="checkbox"/> Order of the Arrow: _____
<input type="checkbox"/> Cubmaster Knot	<input type="checkbox"/> Commissioner's Arrowhead
<input type="checkbox"/> Pack Trainer Knowt	<input type="checkbox"/> Commissioner's Key
<input type="checkbox"/> Cub Scouter Knot	<input type="checkbox"/> Distinguished Commissioner
<input type="checkbox"/> Boy Scouter Knot	<input type="checkbox"/> District Award of Merit
<input type="checkbox"/> Scouter's Knot	<input type="checkbox"/> Silver Beaver
<input type="checkbox"/> Scouter's Key	<input type="checkbox"/> Skyline District award (specify*): <input type="checkbox"/>
<input type="checkbox"/> Scoutmaster's Key	<input type="checkbox"/>
<input type="checkbox"/> Advisor Award of Merit	
<input type="checkbox"/> District Committee Key	

Name of person making nomination: _____	Unit/Position _____
Home phone: _____	Cell/Wk Phone: _____
E-mail: _____	

