



# THE AMERICAN LEGION OF IOWA ADULT SCOUTER OF THE YEAR NOMINATION APPLICATION



<b>POSITION PLACEMENT</b> (To Be Completed By The American Legion)		
DISTRICT NO. _____	PLACE OF _____	SUBMITTED _____
DEPARTMENT OF _____	PLACE OF _____	SUBMITTED _____

NOMINEE'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street)

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
( Day / Month / Year )

FULL NAME AND ADDRESS OF THE AMERICAN LEGION POST  
SPONSORING YOUR SCOUT TROOP

(Name) \_\_\_\_\_ (Post #) \_\_\_\_\_

(Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

(Commander's Name) \_\_\_\_\_

(Nominee's Legion Membership Number, If Applicable) \_\_\_\_\_

PLACE CURRENT  
BLACK & WHITE  
HEAD & SHOULDERS  
PHOTOGRAPH IN  
UNIFORM HERE

(Quality Suitable for  
Reproduction)

## ELIGIBILITY REQUIREMENTS

THE NOMINEE MUST:

- Be a registered member of a Scout Troop sponsored by an American Legion Post or Auxiliary Unit or be a Legion or Auxiliary member;
- Be an active member of his/her religious institution;
- Have rendered outstanding service to his/her religious institution, school or community;
- Have demonstrated practical citizenship in church, school, Scouting and community (i.e. community-wide service projects, participates in service organizations, Scoutmaster, etc.); and
- Submit a letter of recommendation and testimony with nomination application from sponsoring organization.

# QUALIFICATIONS

## COMMUNITY PARTICIPATION RECORD

ORGANIZATION

OFFICES

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COMMUNITY SERVICE PARTICIPATION \_\_\_\_\_

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## RELIGIOUS RECORD

NAME OF RELIGIOUS INSTITUTION \_\_\_\_\_

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RELIGIOUS ORGANIZATIONS

HONORS AND/OR OFFICES HELD

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## TOTAL YEARS IN SCOUTING

CUB SCOUTS \_\_\_\_\_

SCOUTS BSA \_\_\_\_\_

VENTURING \_\_\_\_\_

SEA SCOUTING \_\_\_\_\_

EXPLORERS \_\_\_\_\_

ADULT SCOUTING \_\_\_\_\_

# SCOUTING QUALIFICATIONS

## SCOUTING RECORD

POSITIONS HELD	UNIT	DISTRICT	COUNCIL
CUB SCOUTS	_____	_____	_____
SCOUTS BSA	_____	_____	_____
VENTURING	_____	_____	_____
SEA SCOUTING	_____	_____	_____
EXPLORERS	_____	_____	_____

### OTHER DISTRICT LEADERSHIP POSITIONS HELD

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### SCOUTING AWARDS RECEIVED (District Awards of Merit, Training Awards, Scouters Key, Silver Beaver, Scouter Religious Awards, etc.)

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### OTHER INDIVIDUAL INTERESTS

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If needed, insert additional sheets.

# AUTHORIZATION

## CERTIFICATION BY ADULT SCOUTER OF THE YEAR

I certify to the accuracy of the foregoing facts. If selected, I will be free to travel (partial expenses paid) to The American Legion Department of Iowa Convention, representing The American Legion and Boy Scouts of America.

DATE \_\_\_\_\_ SIGNATURE OF SCOUTER \_\_\_\_\_

## ENDORSEMENTS

### SPONSORING ORGANIZATION:

The above named applicant is qualified in every respect to represent The American Legion and the Boy Scouts of America and has our recommendation.

DATE \_\_\_\_\_ UNIT COMMITTEE CHAIR \_\_\_\_\_

### AMERICAN LEGION POST:

The above named applicant is approved by Post Number \_\_\_\_\_ as qualified for nomination of The American Legion Adult Scouter of the Year.

DATE \_\_\_\_\_ POST COMMANDER \_\_\_\_\_

**FORM MUST BE SUBMITTED TO AMERICAN LEGION DISTRICT CHAIR BY FEBRUARY 1**

## SELECTION COMMITTEE APPROVAL

DISTRICT CHAIRMAN  
SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

DEPARTMENT CHAIRMAN  
SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_