

NOMINATION FOR THE
SPEARHEAD AWARD
SIOUX DISTRICT

REQUIREMENTS:

The Nominee must be a registered Scouter.

The Nominee must have made a significant difference to Scouting on the *unit level*.

The Nominee's attitude toward and cooperation with the District and Council must be notable.

THIS NOMINATION IS CONFIDENTIAL. DO NOT ADVISE NOMINEE OF NOMINATION.

TO THE DISTRICT AWARD SELECTION COMMITTEE:

IT IS A PLEASURE TO PRESENT FOR YOUR CONSIDERATION FOR THE SPEARHEAD AWARD:

Name _____ Address _____

City _____ Zip _____ Telephone (____) _____

Occupation _____ Firm & Position _____

He/She is currently registered until (Date/Year) _____ Unit Number & Position _____

His/Her Scouting Record (count only years officially registered):

	POSITION	YEAR	UNIT/DISTRICT/COUNCIL	CITY/STATE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

This nomination is based on the following service. Use additional pages & support materials if desired.

Individual Making Nomination	Position in Scouting	Telephone Number
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-----FOR DISTRICT USE ONLY-----

TO DISTRICT CHAIRMAN:

We have selected _____ to receive the Sioux District
Spearhead Award for _____ (year).

SIGNED:

SELECTION CHAIRMAN: _____

SELECTION COMMITTEE MEMBERS: _____

SIoux DISTRICT EXECUTIVE: _____

DATE SUBMITTED: _____