

Spirit of Special Needs Scouting Award

TO THE SPECIAL NEEDS RECOGNITION AWARD COMMITTEE:

IT IS A PLEASURE TO PRESENT FOR YOUR CONSIDERATION FOR THE SPIRIT OF SPECIAL
NEEDS SCOUTING AWARD

NAME _____ ADDRESS _____

CITY _____ ZIP _____ TELEPHONE _____

OCCUPATION _____ FIRM & POSITION _____

HE/SHE IS CURRENTLY REGISTERED UNTIL _____, 19____

POSITION _____ UNIT SUPPORTED _____

INSTITUTION _____

HIS/HER TOTAL SCOUTING RECORD IS (COUNT ONLY YEARS OFFICIALLY REGISTERED)

POSITION	YEARS	UNIT, DISTRICT, COUNCIL	CITY & STATE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	Involvement in Special Needs Scouting _____		

REQUIREMENTS

A NOMINEE MUST BE A REGISTERED SCOUTER.

A NOMINEE MUST HAVE RENDERED NOTEWORTHY SERVICE TO BOYS/GIRLS WITH DISABILITIES.

The nature and value of "noteworthy service to boys/girls" may consist of a single plan or decisions that contributed vitally to the lives of large numbers of boys/girls or it may have been given to a small group over an extended period of time.

THE NOMINEE SHOULD HAVE CONTRIBUTED TO DISABILITY AWARENESS.

CONSIDERATION SHOULD BE GIVEN TO THE NOMINEE'S POSITION AND THE CORRESPONDING OPPORTUNITY TO RENDER OUTSTANDING SERVICE BEYOND THE EXPECTATION OF DUTY.

THE NOMINEE'S ATTITUDE TOWARD, AND COOPERATION WITH, SPECIAL NEEDS AND COUNCIL IS TO BE TAKEN INTO CONSIDERATION.

IMPORTANT NOTE: THE NOMINATION IS CONFIDENTIAL. TO AVOID POSSIBLE DISAPPOINTMENT PLEASE DO NOT ADVISE NOMINEE IN ANY WAY OF YOUR ACTION ON THEIR BEHALF.

The nominee has earned the following: (please write in the year)

- | | |
|---------------------------------|---------------------------|
| _____ Den Leader's Award | _____ Order of the Arrow |
| _____ Den Leader Coach Award | _____ Wood Badge |
| _____ Scouter's Award | _____ Silver Beaver Award |
| _____ Scouter's Key | _____ District Award |
| _____ Scouter's Religious Award | |

If Classroom Scouter list teaching and community awards/recognitions

The noteworthy service upon which this nomination is based is as follows:

(Furnish as much information as possible. For example: President, Rotary Club; Vestryman, St. Paul's Church; Chairman, Red Cross Campaign; Vice President, PTA; Medical Director, Hospital; Principal, School.)

Use additional pages or support material if necessary.

_____ Name of person making nomination

_____ Position in Scouting Phone Number

_____ Address

General Information

The Award of Merit is a Council Award presented to districts in the same manner that the Silver Beaver Award is a national award presented by councils.

The award is available to all Scouters who render service of an outstanding nature in special needs at the Council level.

The award is made available annually.

To The Special Needs Chairman:

We have selected the above named individual to receive the Spirit of Special Needs Scouting Award for _____ Year

Signed: _____ Selection Chairman

_____ Member

_____ Member

_____ Member

_____ Executive of Special Needs

Date: _____