



THE AMERICAN LEGION OF IOWA

ADULT

CUB SCOUTER OF THE YEAR

NOMINATION APPLICATION



POSITION PLACEMENT
(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 CUB PACK

 (Name) (Post #)

 (Street)

 (City) (State) (Zip)

 (Commander's Name)

 (Nominee's Legion Membership #) (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 Cub Pack 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.).
- Submit a letter of recommendation and testimony with nomination application from sponsoring organization

QUALIFICATIONS

COMMUNITY PARTICIPATION RECORD

ORGANIZATION

OFFICES

_____	_____
_____	_____
_____	_____
_____	_____

COMMUNITY SERVICE PARTICIPATION _____

RELIGIOUS RECORD

NAME OF RELIGIOUS INSTITUTION _____

RELIGIOUS ORGANIZATIONS

HONORS AND/OR OFFICES HELD

_____	_____
_____	_____
_____	_____

TOTAL YEARS IN SCOUTING

CUB SCOUTS _____

BOY SCOUTS _____

EXPLORERS _____

ADULT SCOUTING _____

CUB SCOUTING QUALIFICATIONS

CUB SCOUTING RECORD

POSITIONS HELD	UNIT	DISTRICT	COUNCIL
CUB SCOUT	_____	_____	_____
BOY SCOUT	_____	_____	_____
EXPLORER	_____	_____	_____

OTHER DISTRICT LEADERSHIP POSITIONS HELD

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

OTHER INDIVIDUAL INTERESTS

If needed, insert additional sheets.

AUTHORIZATION

CERTIFICATION BY ADULT CUB 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 had our recommendation.

DATE _____ UNIT COM. CHM. _____

POST:

The above named applicant is approved by Post Number _____ as qualified for nomination of The American Legion Adult Cub Scouter of the Year. (If Applicable)

DATE _____ POST COMMANDER _____

(must be submitted to Legion District Chairman by Feb. 1)

SELECTION COMMITTEE APPROVAL

DISTRICT CHAIRMAN
SIGNATURE _____ DATE _____

DEPARTMENT CHAIRMAN
SIGNATURE _____ DATE _____