INSTRUCTIONS FOR USING ONLINE NOMINATION FORM

This form is formatted so that you can type the information directly onto the form, save it, print it, and then mail or deliver to the District Special Awards Committee.

1 Download this form to your computer. Since you are looking at this part of the form you already have it in your computer. You can save it by clicking "File" and then saving the form.

2. Press the "TAB" key to move to the first field. Enter the information. Continue pressing the TAB key to move through the form, entering the information requested.

3. After you have entered the information, save your work by clicking "File" and "Save."

4. Print the form, sign it, and mail it to the address at the bottom of the page.

You cannot submit this via e-mail. The District Special Awards Committee must receive a signed nomination.

BOY SCOUTS OF AMERICA

NOMINATION FOR PRESIDENT'S OR BUCKSKIN AWARD

NOMINEE	· · · · · · · · · · · · · · · · · · ·	ADDRESS	
CITY		STATE	
ZIPAGH	E	YEARS IN SCOUTING	
CURRENTLY REGISTERED AS:		UNIT: DISTRICT: HOME PHONE:	
BUSINESS PHONE:			
PLEASE GIVE COMPLETE INFOR	MATION ON THE FOLLOW	WING:	
1. SCOUTING HISTORY: (GIV	E DATES, POSITION HELD,	ETC.)	
2. BUSINESS, COMMUNITY &	CIVIC ACTIVITIES: (GIVE)	DATES, POSITION HELD, ET	°C.)
3. RELIGIOUS ACTIVITIES: (G	IVE DATES. POSITION HEL	D. ETC.)	
		2,210.)	
NOTE: In order for District Spec selecting the District's outstanding			-
give detailed, accurate, and compl	lete information. The Cor	nmittee does not have the	resources to conduct
THE HAT CHEVAVE INTO THE REPORT ON T	iu oi uic nominecs. They	act on the information pre	
further surveys into the backgrour the accuracy.	<i>y</i>		whee after spot checking
		:	
the accuracy. Date submitted:	_ Signature of Nominator		
the accuracy. Date submitted: Address:	_ Signature of Nominator	State:	Zip:
the accuracy. Date submitted: Address: Business Phone:	_ Signature of Nominator	State: Home Phone:	Zip:
the accuracy. Date submitted: Address: Business Phone: Scouting Affiliation:	_ Signature of Nominator City:	State:	Zip:
the accuracy. Date submitted: Address: Business Phone:	_ Signature of Nominator City:	State: Home Phone: Council	Zip: