



# THE AMERICAN LEGION OF IOWA ADULT BOY 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 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 \_\_\_\_\_

BOY SCOUTS \_\_\_\_\_

EXPLORERS \_\_\_\_\_

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

# BOY SCOUTING QUALIFICATIONS

## BOY SCOUTING RECORD

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

### 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 BOY 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 Boy 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 \_\_\_\_\_