



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 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 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.); and
- 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 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 Cub 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 _____