

**NOMINATION FOR SILVER BEAVER AWARD**



**Rip Van Winkle Council, Boy Scouts of America  
1300 Ulster Avenue, Suite 107  
Kingston, New York 12401  
Phone (845) 339-0846 Fax (845) 339-1168**



This nomination form must be delivered to the Selection Committee by April 6, 2016 to be considered for this year (2016).

**TO: Silver Beaver Selection Committee**

The following registered Scouter, who is at least 21 years of age, is being nominated for the Silver Beaver Award for distinguished service to youth. It is understood that the selection committee will consider the value of this individual's service in the areas listed.

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Registered in Scouting as \_\_\_\_\_

Unit Number or District \_\_\_\_\_

**RECORD UPON WHICH THIS NOMINATION IS BASED  
(Please include facts, dates, and offices held)**

**1. Record of Service in the Boy Scouts of America:**

A. Tenure: Youth \_\_\_\_\_ years Adult \_\_\_\_\_ years

**B. Scouting Service Record**

From \_\_\_\_\_ to \_\_\_\_\_ Unit/Position \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Unit/Position \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Unit/Position \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Unit/Position \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Unit/Position \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Unit/Position \_\_\_\_\_

**C. List Special Scouting awards and recognitions (Award of Merit, Training Awards, etc.):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. Special Scouting service to the District, Council, or Region:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Activities Outside of Scouting:** Give type of service, positions held, recognitions, and length of service.

A. Religious: \_\_\_\_\_

\_\_\_\_\_

B. Civic: \_\_\_\_\_

\_\_\_\_\_

C. Fraternal: \_\_\_\_\_

\_\_\_\_\_

D. Youth (other than Scouting): \_\_\_\_\_

\_\_\_\_\_

E. Professional or Business: \_\_\_\_\_

\_\_\_\_\_

F. Other Outstanding Service to the Community: \_\_\_\_\_

\_\_\_\_\_

**3. Family Information:**

A. Spouse's name: \_\_\_\_\_

B. Children: Male \_\_\_\_\_ Female \_\_\_\_\_ Grandchildren \_\_\_\_\_

C. Children's involvement in Scouting (any Eagle Scouts): \_\_\_\_\_

\_\_\_\_\_

**4. Miscellaneous remarks and information:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Person(s) Submitting Nomination

**Submit completed application to:**  
Silver Beaver Selection Committee  
Rip Van Winkle Council, BSA  
1300 Ulster Avenue, Suite 107  
Kingston, NY 12401-4937

(If more space is required, please use an additional sheet.  
Please be as factual as possible.)