

Black Hills Area Council • Boy Scouts of America  
**Silver Beaver Nomination Application**  
*Must Be Return to the Council by January 4<sup>th</sup>*



Please complete the following application with as much detail as possible and feel free to include additional written supportive materials if necessary. **Applications should not be shared or discussed with the nominee. Scouts cannot nominate themselves.**

**NOMINEE PERSONAL INFORMATION**

Registered in District: \_\_\_\_\_ Unit Number (if applicable): \_\_\_\_\_

Full Name (printed): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Age: \_\_\_\_\_

<b>Description of Current Registered Scouting Positions Held</b>	
1.	
2.	
3.	

**SERVICE THROUGH SCOUTING**

Total number of years registered as an Adult Leader? \_\_\_\_\_

<b>Past Adult Scouting Leadership Positions Held</b>	
Position Description	Year
1.	
2.	
3.	
4.	
5.	

<b>Scouting Leader Training Courses Completed</b>	
Course Description	Year
1.	
2.	
3.	
4.	
5.	

\_\_\_\_\_  
 Chairman (signature):  
 Silver Beaver Award Committee

\_\_\_\_\_  
 Scout Executive (signature):  
 Black Hills Area Council



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**SERVICE THROUGH SCOUTING** CONTINUED

Adult Scout Recognition and Honors Received	
Description	Year
1.	
2.	
3.	
4.	
5.	

**SERVICE OUTSIDE OF SCOUTING**

Adult service rendered to church, community, educational, business, professional, civic, fraternal, military, or service organizations other than Scouting.

Organization Name	Position Held	Year
1.		
2.		
3.		
4.		

Recognitions, Honors or Awards Received
1.
2.
3.
4.

In your own words describe any noteworthy service showing exceptional character towards youth in the Black Hills Area Council which would support this recommendation for the Silver Beaver Award:

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Application submitted by: *(signature)*

Date

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

