



**COGIOBA
DISTRICT AWARD
NOMINATION
FORM**

NOTE: The nomination is confidential.
To avoid possible disappointment,
please do not advise nominee in any
way of your action in his or her behalf.

**Middle Tennessee Council
COGIOBA District**

TO THE DISTRICT AWARDS COMMITTEE:

*It is a pleasure to present for your consideration for the **DISTRICT AWARD (Check Below):***

_____ *W.B. Dunlop, JR. AWARD (one award per District)*

(This award is presented for outstanding service to Scouting on the Unit and District level. The recipient must be currently serving on the Cogioba District level and have a minimum of three (3) years in Scouting. The recipient exemplifies the true Scouting spirit and dedication to serving others.)

_____ *WESTERN GRIZZARD AWARD (one award per District)*

(This award is presented for outstanding service to Scouting in the Cogioba District over an extensive number of years. Demonstration of quality leadership in service to boyhood and the community through Scouting is the criteria.)

_____ *TRAILBLAZER AWARD (multiple awards may be presented)*

*(This award is designed to recognize Scouters- who are providing leadership on the **UNIT** level. The nominee must be serving in the position for which he/she is nominated and must be a registered Scouter with the unit. One award is available for each of the following positions: Cubmaster, Assistant Cubmaster, Webelos Leader, Wolf Den Leader, Bear Den Leader, Tiger Cub Leader, Scoutmaster, Assistant Scoutmaster, Explorer Advisor, Crew Advisor, and Committee Chairman/Member (separate award for Cub Scout and Boy Scout Leaders), Participating Parents.)*

***The Awards Committee selects individuals who, on their own merit and record, truly meet the qualifications of each award.*

Name _____

(Please provide full name, correctly spelled, and title, if any)

Address _____ **City/State/Zip** _____

Home Telephone _____ **Work Telephone** _____

Email Address _____

This Scouter is currently registered with Middle Tennessee Council as an _____
(List position in unit, district, or council)

and holds a registration in the Cogioba District. **(NOTE: SEE UNIT POSITION INFORMATION AND CODES BELOW)**

Nominator's Information:

Nominated by: _____

Position in Scouting: _____ **District:** _____

Address: _____ **City/State/Zip:** _____

Home Telephone: _____ **Work Telephone:** _____

Email Address: _____

Nominee Information

Registered Adult Positions. Please list only registered positions in the Boy Scouts of America with dates and offices held listed chronologically. (Indicate Unit numbers and names of districts where appropriate.)

The noteworthy service upon which this nomination is based follows:

(Furnish as much information as possible. For example: president, Rotary Club; vestryman, St. Paul's Church; chairman, Red Cross campaign; vice-president, PTA; medical director, hospital; Cubmaster, 3 years; Scoutmaster, 4 years; Venturing Advisor, 3 years; Commissioner, etc. Give specific and detailed examples of why you consider this person to be a good role model and how their work in Scouting has impacted youth. (LIST INFORMATION BELOW or ATTACH ADDITIONAL PAGES AS NEEDED).

TYPING IS PREFERRED TO ENSURE YOUR INFORMATION IS LEGIBLE. SPACE DOWN AS NEEDED.

Date of Nomination

Signature of Person Making Nomination

District Approval

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