

(FOR CANDIDATES FOR BOY SCOUT ADULT RECOGNITION) Date(s) and Location of participation in the **Scouter Development Course or Lay Apostolate Formation:** _____

RECOMMENDED/NOMINATED BY:

Name: _____ Home Phone _____ Business Phone _____
Address: _____ City: _____ State: _____ Zip: _____
Nomination Date _____

PARISH/PASTOR APPROVAL:

I, as pastor of _____ Church, approve and endorse of this Recommendation/Nomination for the above named Candidate to receive the recognition indicated. The Candidate made substantial contributions to the Spiritual Growth of the youth within our area

PASTOR 'S NAME (PRINT)

PASTOR'S SIGNATURE

DATE:

PARISH

GIRL SCOUT ADULT NOMINATIONS; THESE NOMINATIONS ARE SUBMITTED TO THE CYO OFFICE. BOY SCOUT NOMINATIONS: ARE SUBMITTED TO THE LOCAL COUNCIL CATHOLIC COMMITTEE.

The Catholic Committee on Scouting of _____ Council endorses/does not endorse this nomination. If not endorsed, our reasons are as follows: _____

Signed: _____ Local Catholic Committee Chairman Date: _____
Or _____ Local CC Emblems Chairman Date _____

FOR ARCHDIOCESE USE ONLY:

This nomination is endorsed by the Catholic Committee on Scouting of the Archdiocese of New York.

Signed: _____
Selection Committee Chairman Archdiocesan Scout Chaplain

Date: _____

This nomination is NOT approved for presentation this year, and is to be held for consideration in future years.

Signed: _____
Selection Committee Chairman Archdiocesan Scout Chaplain

Date: _____

APPROVED BY THE ARCHDIOCESE OF New York:

BY: _____ DATE: _____

RECORD OF ARCHDIOCESAN SCOUTING COORDINATOR:

CANDIDATE NOTIFIED OF APPROVAL (DATE): _____ PRESENTED (DATE): _____