OZARK TRAILS COUNCIL
TRAIL OF HONOR NOMINATION

NOTE: The nomination is confidential.
To avoid possible disappointment, please do not advise the candidate of your nomination.

Ozark Trails Council

_____District

TO THE COUNCIL TRAIL OF HONOR COMMITTEE:

It is a pleasure to present for your consideration for the Ozark Trails Council Trail of Honor:

Name_____
Address_____
City _____
If currently registered in scouting, list positions or rank held_____ .

Nominees are permanently recognized for exceptional and extraordinary service in three different categories designated as Paths on the Trail of Honor (Path of Lifetime Service, Path of Leadership, and Path of Friendship). A candidate may be nominated in more than one category. However, a nominee is only eligible to receive one Trail of Honor award during his or her lifetime. For a more detailed description of the awards, please visit the Council's website (wwww.ozarktrailsbsa.org) and click the "Trail of Honor" icon.

INFORMATION UPON WHICH THIS NOMINATION IS BASED

(Please provide all pertinent facts, dates and other details, adding extra sheets as needed.)

a. **Nominated for: ( ) Path of Lifetime Service -30 or more years of extraordinary service by a scout or scouter to scouting; ( ) Path of Leadership- extraordinary service by a past or present scout or scouter to the community, country and others; ( ) Path of Friendship- extraordinary service to scouting by chartered partners and other friends and supporters of scouting.**

b. **List all individual (or organizational) service and other contributions to the scouting program within the Ozark Trails geographic area.**

c. **List all other leadership activities in the community and country, including extraordinary business, professional, civic, religious, educational, fraternal, military, government and other service.**

d. **List all other exemplary service to others that demonstrates exceptional regard to the Scout Laws, Motto and Oath, including other distinguishing accomplishments in life.**

_____ _____

Date of Nomination **Name of person making nomination and current contact phone number(s)**