GOLD

Venturing Gold Award Application

Please print or type all information. Give month, day, and year for all dates.

Pe	ersonal Data:				
Na	ame	Nickname	Nickname P.O. Box		
Ac	ddress				
City		State	Zip		
Telephone School/College		Birthdate			
			Grade		
C۲	nurch or Religious Affiliation				
Da	ate Entered Venturing	- 6769			
	equirements (as they pertain to the tach additional sheets as necessary)		the Gold Award;		
	Tenure: months		(Advisor—sign/date)		
	Date Bronze Award Earned				
3.	Leadership:				
		Qualified:	(Advisor—sign/date)		
4.	Participation (district, council, area	a, regional, nation	al events):		
		Qualified:			
			(Advisor—sign/date)		

5. Personal Growth Goal Achievement (describe briefly below):

	Citizenship	Community/Family			
	Leadership	Outdoor			
	Service	Fitness			
	Approved:	Completed:(Venturer—sign/date)			
		Qualified:(Advisor—sign/date)			
6.	Crew/Ship Activities (describe briefly at 1 and 2 below):				
	Approved:	Completed:(Venturer—sign/date)			
	Approved:	Completed:(Venturer—sign/date)			
7.	Oral Venturing Oath Presentation:				
	Made before Venturing crew on	(Date)			
		Completed:(Venturer—sign/date)			
		Qualified:(Advisor—sign/date)			
8.	Letters of Recommendation/Statements of Venturer's Conduct:				
	School/Church	Employer/Community Leader			
	Neighbor/Acquaintance				
		Qualified:			

(Advisor-sign/date)

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9. Presentation (orally and in writing):

Made before Venturing crew review committee on	
5	

(Date)

Qualified:

(Review committee chairman-sign/date)

10. Qualified before 21st birthday? YES/NO ____

(Advisor-sign/date)

Certification of Candidate:

Since becoming a candidate for the Gold Award, I have planned, developed, and completed the activities and projects required for qualification for the award. I subscribe to the Venturing Oath, and I consider my conduct to be in keeping with the principles of the Boy Scouts of America.

(Candidate's signature)

Crew No. _____

Chartered organization:

Endorsement of Crew Advisor/Crew Committee Chairman:

I/we certify that the candidate is well qualified for the Gold Award, that he/she has fulfilled the requirements for the award, and that he/she has my/our complete recommendation for recognition of this significant achievement.

Advisor			Date	
Crew comm	ittee chairman	Date		
Council Cert	ification/Recogniti	on:	20.00	
Region	Area	Council		
0			(Name)	(Number)
requirement time, energy	ate is a currently re ts for the Gold Aw y, and perseveranc e Gold Award is au	ard, he/she is to e required to ach	be congratulate	d for the
Scout execu	tive		Date	