

CHARTERED PARTNER AWARD



PURPOSE

The Sam Houston Area Council, Boy Scouts of America, is seeking nominations of Chartered Partners that have demonstrated excellence in relationships.

One community-based organization from each district or division will be selected by the Council Relationships Committee to receive recognition each year.

OBJECTIVES

- To encourage excellence in relationships between Chartered Partners and The Sam Houston Area Council.
- To provide examples of excellence in relationships from which others may learn.
- To create an annual recognition providing visibility for recipients of the award.

ELIGIBILITY

Nominees are from religious bodies, educational groups, civic/service/fraternal associations, business/industry/labor, and military/veterans' organizations.

Nominees must charter a unit(s) within the Sam Houston Area Council boundaries.

CRITERIA

The following are examples of criteria, a combination of which might make a possible candidate for this recognition. This list is not inclusive as there are many other areas that could be considered.

Evaluators will look for evidence of the following:

- Demonstrates outstanding or distinctive relationships beyond the normal expectation.
- Provides noteworthy service to youth, contributing to increased youth participation.
- Cooperates with the district and/or council.
- Involves the instructional head in the selection of quality unit leadership.
- Causes greater comprehension in the use of Scouting within the community organization.

PROCESS

Nominations must be received by December 31st of each year. Late applications cannot be accepted. To help the reviewers please-

- Type or print clearly on the nomination form.
- Confine your responses to the space provided.
- Submit only one copy of the application per institution.
- Do not send unrequested material. It will not be reviewed or returned.

RECOGNITION

The Chartered Partner will receive a plaque having the relationships logo and inscription plate bearing the recipient's name and date of recognition.

Completed nomination forms, questions about the award, and request for additional applications should be directed to:

**RELATIONSHIPS DIRECTOR
SAM HOUSTON AREA COUNCIL
P. O. BOX 924528
HOUSTON, TEXAS 77292-4528**

PHONE: (713) 756-3375

NOMINATED BY:

NAME _____ **SIGNATURE** _____

Address _____

City _____ State _____ Zip _____

District _____

Telephone (____) _____ Position _____

SUPPORTED BY:

DISTRICT CHAIRMAN _____ **SIGNATURE** _____

District Commissioner _____ Signature _____

District Executive _____ Signature _____

The nomination is confidential. To avoid disappointment, please do not advise the nominee. Thank you.

Complete nominations should be submitted to:

RELATIONSHIP DIRECTOR
SAM HOUSTON AREA COUNCIL
P.O. Box 924528
Houston, TX 77292-4528

On _____, the Council Relationships Committee approved the nominee as worthy of this award.
(date)

Signed _____
(Vice Chairman Relationships)

Signed _____
(Relationships Director)

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NOMINATION FORM

Care should be taken that all of the information requested on this nomination form is provided. Incomplete submissions will not be reviewed. In completing this form, the information should be typewritten or printed. Letters submitted on behalf of the nominee are strongly encouraged and should be restricted to one page, single spaced typewritten endorsements. In the space provided on this form identifying the nominator and the supporters of the nomination, all signatures must be original signatures of the person involved.

DEADLINE FOR NOMINATIONS IS: DECEMBER 31

(Please type or print)

NOMINEE:

NAME OF INSTITUTION _____

Address _____

City _____ State _____ Zip _____

Name of Institutional Head _____

Position or Title _____ Telephone (____) _____

CHARTER(S):	Pack # _____	Tenure of Unit: _____ / _____	months/years
	Troop # _____	Tenure of Unit _____ / _____	months/years
	Team # _____	Tenure of Unit _____ / _____	months/years
	Post # _____	Tenure of Unit _____ / _____	months/years
	Ship # _____	Tenure of Unit _____ / _____	months/years
	Crew # _____	Tenure of Unit _____ / _____	months/years

SUPPORT DATA:

EXPLAIN WHY THIS INSTITUTION SHOULD BE HONORED FOR EXCELLENCE IN RELATIONSHIPS. GIVE EVIDENCE AS TO HOW THE NOMINEE HAS: DEMONSTRATED OUTSTANDING OR DISTINCTIVE RELATIONSHIPS BEYOND THE NORMAL EXPECTATIONS, PROVIDED NOTEWORTHY SERVICE TO YOUTH, CONTRIBUTED TO INCREASED YOUTH PARTICIPATION, COOPERATED WITH THE DISTRICT AND/OR COUNCIL, INVOLVED THE INSTITUTIONAL HEAD IN THE SELECTION OF QUALITY UNIT LEADERSHIP, CAUSED GREATER COMPREHENSION IN THE USE OF SCOUTING WITHIN THE COMMUNITY ORGANIZATION, AND ANY ADDITIONAL PERTINENT INFORMATION. (ATTACH ADDITIONAL SHEETS IF NECESSARY)
