Application for the Simon Kenton Council

COMMISSIONER CREST OF SERVICE AWARD
SPECIAL ASSISTANT DISTRICT COMMISSIONER

Name _____

Address _____

City _____ State _____ Zip _____

District _____ Date submitted _____

Office Use Only

Date Received: _____

Patch Awarded: _____

Certificate & Pin: _____

Service Pin Year: _____

Special Assistant District Commissioners:

Describe nature of troubleshooter or special assignment, include specific examples

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Recommended By: _____ Date: _____

District Commissioner

Approved By: _____ Date: _____

Council Commissioner