

Sponsored by the United States Secret Service, Department of the Treasury, and Learning for Life.

PART I. Personal Data

Name _____
(first) (middle) (last)

Street address _____ P.O. box _____

City _____ State _____ Zip _____ Telephone _____

Age _____ Date of birth _____

High school or college _____
(name) (town/city)

School grade/class _____ Class rank _____ Class size _____

Local news media for press release purposes _____
(name/call letters) (town/city)

PART II. Personal Qualifications—as they pertain to the award. Attach to this application additional sheets to provide information in the following areas.

1. Write a statement of up to 1,000 words that describes the act for which you are being nominated.
2. Three letters of recommendation should come from (1) school officials, (2) post or organization leaders, and (3) community or church leaders. These letters should attest to your candidacy for this award or scholarship.
3. Submit a statement from your post Advisor describing the act for which you are being nominated.
4. **Submit a black-and-white glossy photo (such as a passport photo) for publicity purposes in the event of selection.**

Name of school or college you plan to attend _____

Address _____ State _____ Zip _____

What type of degree or certification do you plan to work toward? _____

I have read and understood the qualifications of The Floyd Boring Award. I am presently in good health and know of no personal or physical limitation that would prevent my full participation in this award or scholarship program. I certify to the accuracy of the foregoing facts in this application/nomination.

Signature _____ Date _____

Submit the original and one copy of this application form and all support materials to the national office by **March 31**.

PARENT OR GUARDIAN APPROVAL

I approve of my son's or daughter's participation in this award program. I have read the qualifications listed for the award/scholarship and state that he/she meets the qualifications as I understand them.

Signature _____ Date _____

Name (printed) _____ Telephone _____

Nominating Agency-Post Advisor Recommendation:

I certify that the above-named applicant/nominee is well-qualified for this award and has my complete recommendation.

Signature _____ Date _____

Name (printed) _____ Telephone _____

City _____ State _____ Zip _____

Name of participating organization _____

Post No. _____ Post specialty/interest _____

Head of Agency

Name _____ Title _____

Signature _____ Date _____

Learning for Life Certification (deadline is March 15)

This applicant is a participating Explorer who has been selected to represent this council in national competition for this award. We approve of his or her application/nomination for and participation in this award program.

Learning for Life representative's signature _____ Date _____

Title _____ Telephone _____

Learning for Life headquarters city _____

This application and supporting material will be retained by Learning for Life unless requested otherwise. Application deadline to the national office is March 31.

This application may be duplicated locally.