



**FULL LEGAL NAME (Use abbreviations if necessary; must fit within 30 characters, including spaces and punctuation.)**

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**REQUIREMENT 7.** Since earning the Pathfinder Award, lead an ethical controversy and conflict resolution scenario with members of your Venturing crew.

Date 

Month	Day	Year		

**REQUIREMENT 8.** Since earning the Pathfinder Award, plan and conduct a service project as described in the *Venturing Summit Award Service Project Workbook*, No. 512-938. **This project must be a different service project than one carried out for the Eagle Scout rank, the Sea Scout Quartermaster Award, or the Girl Scout Gold Award.**

Date 

Month	Day	Year		

Project name \_\_\_\_\_

Date project completed 

Month	Day	Year		

Grand total of hours \_\_\_\_\_ (From the *Venturing Summit Award Service Project Workbook*, for statistical purposes only)

**REQUIREMENT 9.** Participate in an Advisor conference.

Date conference was held 

Month	Day	Year		

CERTIFICATION BY APPLICANT. On my honor as a Venturer, all statements on this application are true and correct. All requirements with the exception of the board of review, were completed prior to my 21st birthday.\*

\*Or the date established by an extension of time granted by the National Council (see the *Guide to Advancement*, No. 33088, section 4.3.3.0). The completion date does not apply to Venturers registered beyond the age of eligibility as provided for in the *Guide to Advancement* section 10.0.0.0.

Signature of applicant \_\_\_\_\_ Telephone \_\_\_\_\_

Date 

Month	Day	Year		

UNIT APPROVAL (Personal signatures required)

Signature of Advisor \_\_\_\_\_ Telephone \_\_\_\_\_

Date 

Month	Day	Year		

Signature of crew committee chair \_\_\_\_\_ Telephone \_\_\_\_\_

Date 

Month	Day	Year		

BSA LOCAL COUNCIL VERIFICATION. According to the records of this council, the applicant is a registered member of this unit, and this application is approved as accurate.

Signature \_\_\_\_\_ Position \_\_\_\_\_

Date 

Month	Day	Year		

**REQUIREMENT 10.** Successfully complete a crew board of review.

Date 

Month	Day	Year		

The applicant appeared before the Summit Award board of review, and this application was approved.

\_\_\_\_\_  
Signature of Summit Award board of review chair

\_\_\_\_\_  
Signature of crew president (or vice president if applicable)

I certify that all procedures, as outlined in the *Guide to Advancement* have been followed. I approve this application.

Scout executive's signature \_\_\_\_\_

Date 

Month	Day	Year		

Presentation of the Summit Award medal or patch must not be sold or otherwise provided to any crew or to the Venturer until after the certificate is created at the national service center.