



SCOUTS CANADA APPLICATION FOR THE THE AWARD FOR FORTITUDE



Eligible: Registered members of Scouts Canada

Candidate's MMS#	Surname:	Given names (underline name most commonly used):	
Full postal address:		If application for posthumous decoration - name next of kin:	
Age:	Position in section (Patrol Leader etc):	Group name & number:	How long in the movement:
	Section:		

Statement concerning the following qualifications:

Carries on to best of his/her abilities, duties and/or activities in Scouting despite being challenged in some respect as a result of a physical and/or mental condition or disease.

Statement certified by (print or type name):	Position in Scouting:	Date:
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Continue overleaf – attach additional sheets if required.

Medical Statement with respect to the qualifications. A statement from a teacher, faith leader or Scouts Canada Commissioner is acceptable if a physician's statement cannot be obtained.

Statement made by (signature required):	Position of person making statement (i.e. physician, faith leader etc):	Date:
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Report to support the application

By a third party who knows the recipient well:

<p>By a third party who knows the recipient well:</p>		
Signature of third party:	Position:	Date:

Council Honours & Awards Committee:	Convened by (council):	Signature of Committee Chair:	Date:
National Honours & Awards Committee:	Signature of National Honours & Awards Committee Chair:		Date: