

The Congressional Award Record Book

Certificate Medal
Bronze Silver Gold

Prior Awards: _____

Office use only:

Record Book

(Please print or type)

Name: _____

Address: _____
Street Address City, State, Zip

Phone: _____ (H) _____ (W)

Attending School: Yes No Year of Study: _____

School: _____

Employed: Yes No If Yes Part-Time Full-Time:

Employer: _____

My goals and requirements to earn a Congressional Award have been achieved as stated herein.

Signed: _____ Date: _____

What I have gained by participating in The Congressional Award:

ADVISOR INFORMATION:

Name: _____ E-mail: _____

Address: _____
Street Address City, State, Zip

Phone: _____ (H) _____ (W)

Occupation: _____

I certify that the candidate established goals in accordance with program guidelines and has satisfactorily completed all goals and requirements for The Congressional Award.

Signed: _____ Date: _____
Advisor Signature

Advisor's comments concerning the candidate's participation in The Congressional Award:

Submit this six-page Record Book after you have achieved your goals and completed the required hours.

The Congressional Award Record Book

Candidate: _____

VALIDATION OF ACTIVITY HOURS VOLUNTARY PUBLIC SERVICE

Describe your goal: _____

Describe your activities to achieve your goal: _____

Describe what you learned: _____

Describe how others benefited (Voluntary Public Service): _____

How did you maintain a record of your activities?

Journal Diary Time Sheets Photographs Other

Did you share these records with your validator?

Yes No

Date begun: _____ Date completed: _____ Total hours: _____

Validator Comments: _____

Validator Information:

Name: _____

Address: _____
Street Address City, State, Zip

Phone: _____ (H) E-mail: _____

Position: _____

I certify that the hours, activities and goal as stated above were completed by the candidate:

Signed: _____ Date: _____
Validator's Signature

Remember: If you have more than one goal, you must complete a separate sheet for each goal. No more than four goals are allowed in Voluntary Public Service and no more than 2 goals, each, in Personal Development and Physical Fitness.

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Candidate: _____

VALIDATION OF ACTIVITY HOURS Expedition/Exploration

Describe your goal: _____

Describe your activities to achieve your goal: _____

How did you maintain a record of your activities?

Journal Diary Time Sheets Photographs Other

Did you share these records with your validator?

Yes No

Date begun: _____ Date completed: _____ Total hours: _____

How did this experience challenge you? _____

How were you immersed in an unfamiliar culture or surroundings? _____

Validator Comments: _____

Validator Information:

Name: _____

Address: _____
Street Address City, State, Zip

Phone: _____ (H) E-mail: _____

Position: _____

I certify that the hours, activities and goal as stated above were completed by the candidate:

Signed: _____ Date: _____
Validator's Signature

Remember: If you have more than one goal, you must complete a separate sheet for each goal. No more than four goals are allowed in Voluntary Public Service and no more than 2 goals, each, in Personal Development and Physical Fitness.

