

Egwa Tawa Dee James E. West Fellowship Nomination Form:

*The James E. West Fellowship recognizes a contribution of at least \$1000 to the council's endowment fund. Each year the Lodge will raise these funds to honor one lodge member by contributing to the council endowment fund in that member's name who will then receive the James E. West Fellowship recognition items at the lodge annual banquet. This recognition will primarily be given for a "lifetime" of service to the Lodge, the Order of the Arrow, and Scouting.*

Nominee: \_\_\_\_\_ Youth  Adult

Unit # \_\_\_\_\_ Chapter: \_\_\_\_\_ Member of Lodge Since: \_\_\_\_\_

Year of: Ordeal \_\_\_\_\_ Brotherhood \_\_\_\_\_ Vigil Honor \_\_\_\_\_

# Years on Summer Camp Staff: \_\_\_\_\_ # Years Active in Scouting: \_\_\_\_\_

For the Following List the Date Received if Applicable:

District Award of Merit: \_\_\_\_\_ Silver Beaver: \_\_\_\_\_

Silver Antelope: \_\_\_\_\_ Founder's Award: \_\_\_\_\_

1. How has this Arrowman served the Egwa Tawa Dee lodge? (Please include any service, as well as any leadership or advisory positions)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What type of role(s) does this Arrowman take in the Lodge and how is this beneficial?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How has this person served our Council Camps?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Form must be received no later than July 21, 2018 at the AAC Volunteer Service Center. Please mark envelopes Attn: Matt Rendahl & Egwa Tawa Dee – James E. West Fellowship**

4. How has this person served the Order of the Arrow as a whole? (Please include section, region, and national positions/service, as well as service to other Lodges)

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5. How has this person served his, or any, troop, district, council, etc.? (Outside of the Order of the Arrow)

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6. Do you think this person will continue to be active in Scouting and continue giving service to Scouting, the Lodge, and Order of the Arrow?

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7. I believe this person has given a “lifetime” of service to the Lodge, the Order of the Arrow, and Scouting because...

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Nominator Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_@\_\_\_\_\_.

Signature:

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Please fill out form as completely as possible, use additional paper to add details to your nomination. The James E. West Fellowship Award committee is not responsible to do the research for your nomination. Incomplete forms make it extremely difficult for the committee to process.

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