



BLUE STAR AWARD NOMINATION FORM

To: Council President or Congressmen (for counselors working in a council) _____ (date)
or Corps office (for independent counselors)

The _____ hereby nominates
counselor _____ for the Blue Star Award.

1. Years of service: _____ When certified: _____

2. He has served his own Cadet club with dedication as follows:

3. He has displayed concern and enthusiasm for the welfare of his council (unless an independent counselor) as follows:

4. His outstanding achievements (guidelines) include the following:

(over)

