The Congressional Award, PO Box 77440, Washington, DC 20013 completed Record Book to:

The Congressional Award Record Book Level Applying For: Certificate Medal Office Use Only: Silver Bronze Gold Prior Awards: Date of Birth: ____ / ___ / ____ / ____ ___ Record Book (Please print or type) Name: Address: Street Address City, State, Zip Phone: Email: NO Attending School: YES Year of Study: School: NO If Yes: Part-Time Employed: YES Full-Time Employer: What I have gained by participating in the Congressional Award: My goals and requirements to earn a Congressional Award have been achieved as stated herein. Signed: Date: ADVISOR INFORMATION: Name: Email: Address: (H) (W) Phone: Relationship: Occupation: Advisor's comments concerning the candidate's participation in the Congressional Award: 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

Candidate:

VALIDATION OF ACTIVITY HOURS

VOLUNTARY PUBLIC SERVICE

Describe your goal :												
Describe y	our acti	ivities	to ach	ieve yo	our goa	al:						
Describe what you learned :												
Describe how you served the greater community at large:												
Months of Activity (check all that apply below ♣) Hours (only report NEW hours):												
YEAR	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC
	牌									<u> </u>		
	쁘									<u> </u>		
	쁘											
If your activities for this goal span more than four years, please copy this page as needed												
VALIDATO)R INFO	DRMA	TION:									
Name: _	Email:											
Address: _	Street Address City, State, Zip											
Phone: _	,, ₋ ,											
Relationship: Occupation:												
Validator Comments:												
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 (make copies as needed). No more than four goals are allowed in Voluntary Public Service per level.

Candidate:

VALIDATION OF ACTIVITY HOURS

Personal Development

Describe your goal :								
Describe your activities to achieve	your goal:							
Describe what you learned :	Describe what you learned:							
Months of Activity (check all that a	pply below 🛚	}) Hoι	urs (onl	y report	NEW ho	ours):		
YEAR JAN FEB MAR A	PR MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
If your activities for this goal span more than four ye	ars, please copy t	this page as	needed					
VALIDATOR INFORMATION:								
Name:		Е	mail:					
A -l -l		-						
Address: Street Address Phone:	(H)				City,	State, Zip	(W))
Relationship:	(,	Occupa	ntion:				(***)	
Validator Comments:		Особра						
validator Comments.								
I certify that the hours, activities and goal as stated above were completed by the candidate:								
Signed:				Dat	6 '			
	Signature			Dat				

Remember: If you have more than one goal, you must complete a separate sheet for each goal (make copies as needed). No more than **two** goals are allowed in Personal Development per level.

Candidate:

VALIDATION OF ACTIVITY HOURS

Physical Fitness					
Describe your goal :					
Describe your activities to achieve your goal:					
Describe how your skill level changed:					
Months of Activity (check all that apply below ♣) Hours (only report NEW hours):					
YEAR JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC					
VALIDATOR INFORMATION:					
Name: Email:					
Address: Street Address City, State, Zip Phone: (H) (W)					
Relationship: Occupation:					
Validator Comments:					
I certify that the hours, activities and goal as stated above were completed by the candidate:					
Signed: Validator's Signature Date:					

Remember: If you have more than one goal, you must complete a separate sheet for each goal (make copies as needed). No more than **two** goals are allowed in Physical Fitness per level.

Candidate:

VALIDATION OF ACTIVITY HOURS

Expedition/Exploration

Describe your goal	:			
Describe your plan	ning/preparatio	n to achieve y	our goal:	
How did this experi	ence challenge	you?		
How were you imm	nersed in an unfa	ımiliar culture	or surroundings	?
PLANNING INFORMA	TION: Planning and	Preparation Date	es and Hours	
Planning Dates : ACTIVITY INFORMATI	ON: ACTUAL Expe	 dition/Exploration	Activity Dates	Planning Hours:
Activity Dates:				Evaluate as Gold Medal Level
Days:	Nights:	_		
VALIDATOR INFO Name:	RWATION:		Email:	
Address:				
Phone:	Street Add	/ 山 \		City, State, Zip (W)
Relationship:				
Validator Comment	ts:			
I certify that the hou	urs, activities and	goal as stated	d above were co	ompleted by the candidate:
Signed:	,		-	Date:
Signeu.	Validator's	Signature		Date.

Candidate:		
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Expedition/Exploration

Directions: Use this form to record your Expedition/Exploration activities. This should include prepatory planning and training notes, your planned itinerary and a detailed day-by-day account of your activity. Remember, we can only review what is submitted. Be as detailed as possible about your experience and what you learned.

DATE	ENTRY (what you did)

Make copies of this page as needed!