

The Congressional Award Record Book

Level Applying For:

Certificate Medal
Bronze Silver Gold

Prior Awards: _____
Date of Birth: ____ / ____ / ____

Office Use Only:

Record Book

(Please print or type)

Name: _____

Address: _____
Street Address City, State, Zip

Phone: _____ (H) _____ (W)

Email: _____

Attending School: YES NO Year of Study: _____

School: _____

Employed: YES NO If Yes: Part-Time 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: _____
Street Address City, State, Zip

Phone: _____ (H) _____ (W)

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

Submit this six-page Record Book after you have achieved your goals and completed the required hours and months.
Please print legibly; Electronic Record Book Pages are Available at www.congressionalaward.org

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

The Congressional Award Record Book

Candidate: _____

VALIDATION OF ACTIVITY HOURS

Expedition/Exploration

Describe your **goal**:

Describe your **planning/preparation** to achieve your goal:

How did this experience **challenge** you?

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

PLANNING INFORMATION: *Planning and Preparation Dates and Hours*

Planning Dates : _____ - _____ **Planning Hours:** _____

ACTIVITY INFORMATION: *ACTUAL Expedition/Exploration Activity Dates*

Activity Dates: _____ - _____ Evaluate as Gold Medal Level

Days: _____ **Nights:** _____

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: _____

