

Dr. Albert Einstein Supernova Award Application



Please print or type all information. Provide the month, day, and year for all dates.

Part 1: Personal Data

Candidate's name _____

Address _____

City _____ State _____ Zip code _____

Phone _____ Date of birth _____ Crew/Ship No. _____

Email _____

Unit type (select one): Crew Ship

Council _____ Region _____

Supernova mentor's name _____ Phone _____

Email _____

Part 2: Approvals

Advisor's or Skipper's Approval

The above-named candidate is currently registered with Venturing Crew or Sea Scout Ship No. _____ and is eligible to apply for this award.

Advisor's or Skipper's signature _____ Date _____

Printed name _____

Statement of Candidate

On my honor, I have thoroughly read the requirements, have worked closely with my Supernova mentor, and have successfully completed all the requirements for the Dr. Albert Einstein Supernova Award. To that end, I am submitting this application with all required signatures and approvals, along with copies of all my reports and other appropriate documentation for consideration.

Candidate's signature _____ Date _____

No. of hours spent in support of requirement 4 _____

Supernova Mentor's Approval

I have worked closely with the above-named candidate in the execution of all award requirements. I have reviewed this application and all supporting documentation, and I recommend that the candidate receive the Dr. Albert Einstein Supernova Award.

Supernova mentor's signature _____ Date _____

Printed name _____

Do you have questions? Please email myscouting@scouting.org.

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Council/District STEM/Nova Committee Approval

(or Advancement Committee, if the council has no STEM/Nova committee)

*The council/district STEM/Nova committee members have reviewed this application and all the supporting documentation, including a written outline for a **new Nova award**, as well as both **written** and **oral presentations** on the research project or experiment. We have determined that the candidate has met all of the requirements for the Dr. Albert Einstein Supernova Award.*

Chair's signature _____ Date _____

Printed name _____

Date of oral presentation to the council STEM/Nova committee _____

Scout Executive's Approval

*I have reviewed this application and all the supporting documentation, including a written outline for a **new Nova award**, as well as both **written** and **oral presentations** on the research project or experiment. I have determined that the candidate has met all of the requirements for the Dr. Albert Einstein Supernova Award, and I hereby request approval from the National STEM/Nova Committee to present this award.*

Scout executive's signature _____ Date _____

Council _____ City/State _____

National STEM/Nova Committee Approval

We have reviewed this application and all the supporting documentation. We believe it meets the award requirements, and we hereby grant approval on behalf of the National Council, Boy Scouts of America, to present the Dr. Albert Einstein Supernova Award to this candidate.

Chair's signature _____ Date _____

Printed name _____

Date received _____ Date approved _____

Do you have questions? Please email myscouting@scouting.org.