



Servant of Youth Adult Recognition

THE RECOGNITION

The Servant of Youth Adult Recognition is awarded by the National Lutheran Association on Scouting [NLAS]. (This committee is formed by and responsible to the youth ministry departments of the Evangelical Lutheran Church in America [ELCA] and The Lutheran Church--Missouri Synod [LCMS].) It is given to acknowledge distinguished volunteer service by adults in ministry to young people through one or more civic youth agency programs (Scouting America, Girl Scouts of the U.S.A., American Heritage Girls, Camp Fire USA, 4-H). **Self and spouse nominations will not be accepted.** The adult award package contains a medal that can be worn around the neck and an 8 ½" x 11" personalized color certificate.

ELIGIBILITY

A Servant of Youth recipient should:

1. Be an active member of a Lutheran congregation OR be an active member of another Christian congregation who serves Lutheran young people through a civic youth agency affiliated with a Lutheran congregation.
2. Have a minimum of five years of service to the church.
3. Have a minimum of five years of service to one or more civic youth agencies (Scouting America, GSUSA, AHG, CFUSA, 4-H).
4. Be one whose Christian lifestyle is a model for young people.
5. Encourage young people to participate in the spiritual growth opportunities in their congregations.
6. Promote the religious growth programs to young people.
7. Recruit adult volunteers, especially Lutherans, to give leadership to civic youth agency programs.
8. Be fully trained in his/her area of responsibility.
9. Reflect one's Christian faith and the position of his/her church body in discussions and meetings of the civic youth agency at every level at which he/she is involved.

SERVANT OF YOUTH NOMINATION FORM

Nomination Procedure Nominations may be initiated by any member of a Lutheran congregation who serves alongside the nominee in a civic youth agency (Scouting America, GSUSA, AHG, CFUSA, 4-H). **Self and spouse nominations will not be accepted.**

1. **Letter of Recommendation:** Submit a **letter of recommendation** detailing the nominee's qualifications. The nominator must review the "Eligibility Guidelines" (see front page) and detail the faith/worship/witness life of the nominee as well as his or her civic youth agency experience. Submit the letter along with the completed application and payment.
2. **Completed Application / Required Signatures:** The nominator must complete this application form and obtain the required signature.
3. **Payment Information:** The award package is **\$40.00 plus \$9.00 shipping/handling** payable to P.R.A.Y. (7827 Town Square Ave. #104, O'Fallon, MO 63368). Payment by check, money order, MasterCard, Visa or Discover is accepted. If credit card, please provide the following:

Check One: ☐ MasterCard ☐ Visa ☐ Discover

Acct Number: _____ - _____ - _____ - _____

Expiration Date: ____ / ____ (MM / YY) CVV # _____

Cardholder's name: _____

Cardholder's Address: _____

Cardholder's Phone #: _____

Signature: _____

Special Fees

RUSH SERVICE awards@praypub.org All email orders are assessed \$6.00. Email forms received by 8am CST will be processed and shipped within 3 business days, upon approval of award.

SHIPPING UPGRADES: Additional fees apply. Visit www.praypub.org for rates & explanations.

- ☐ USPS Priority Mail 2-3 days not guaranteed
- ☐ Expedited 1-2 business days – No PO Boxes

Nominee Information

Name _____

Street Address _____

City _____ State _____ Zip _____

Church Information

Nominating Congregation _____

Street Address _____

City _____ State _____ Zip _____

Church Body: ELCA LCMS Other: _____ Number of years of service to church (minimum of 5) _____

List dates of service: _____

In recognition of outstanding service to youth, our congregation recommends the nominee to receive the Servant of Youth Award.

Pastor's Name _____

Required Pastor's Signature _____ **Date** _____

Agency Information

Civic Youth Agency membership: ☐ Scouting America ☐ Girl Scouts of the U.S.A. ☐ American Heritage Girls ☐ Camp Fire USA ☐ 4-H

Name of Council _____ Number of years of service: _____

List leadership positions, training, and special recognitions (include dates) _____

Mailing Information: Person to whom recognition items are to be shipped

Name: _____

Street Address _____

City _____ State _____ Zip _____

Phone Number (Day Contact) _____ Email _____

Date of Ceremony _____