



Nonprofit Leadership Alliance H. Roe Bartle Training Award Application

Applicant's Name _____ Date _____

Mailing Address _____

City, State, Zip _____

Phone Number _____ Alternate Phone Number _____

Email Address _____

Please indicate the date you earned the Alliance CNP _____

Name of certifying campus _____

****Please include CNP certification (or American Humanics certificate) when submitting this application****

Please circle that which best describes you: **Volunteer Scouter** **Professional Scouter**

If you selected "Volunteer Scouter" above, please complete questions 1-5 below. If you selected "Professional Scouter," please complete questions 6-9 below.

1.) Have you served for at least one year at the unit, district or council level as an active, registered Volunteer Scouter, paraprofessional or ScoutReach Program Aide? **Yes** **No**

If you answered yes above, please list where and in what capacity you served:

2.) Have you earned at least one of the awards listed below either during or after you earned the Alliance's CNP?

****Please attach award certificates for all earned awards when submitting this application****

Please check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Scouter's Key | <input type="checkbox"/> William D. Boyce New Unit Organizer Award |
| <input type="checkbox"/> Scouter's Training Award | <input type="checkbox"/> Speakers Bank Award |
| <input type="checkbox"/> Den Leader Training Award | <input type="checkbox"/> Alumni Award |
| <input type="checkbox"/> Commissioner Arrowhead Award | <input type="checkbox"/> Wood Badge |

3.) Have you met with a Scout Executive to discuss how the Alliance competencies fit into the BSA, as well as to discuss career opportunities in Professional Scouting? **Yes** **No**

If you answered yes above, please list the Scout Executive's name, contact information and date of the discussion:

4.) Have you given a formal presentation to high school and college-aged Scouts and/or Venturers about college career prep through the Alliance and local campus partners? **Yes** **No**

If you answered yes above, please list the date and place you presented the information:

5.) Please verify that you will add "CNP" after your name on your business cards and email signature by signing and dating this application at the bottom.



If you selected "Professional Scouter" above, please complete questions 6-9 below.

6.) Have you served for at least one year as a Professional Scouter after being certified by the Alliance as a CNP and have you successfully completed BSA Professional Development (PDL) #1? Yes No

If you answered yes above, please list where and in what capacity you served:

7.) Have you met with your supervisor and discussed ways to partner with the most local Campus/Executive Director of the Alliance Campus partners? Yes No

If you answered yes above, please list where and in what capacity you served:

8.) Have you given a formal presentation to high school and college-aged Scouts and/or Venturers about college prep through the Alliance and local campus partners? Yes No

If you answered yes above, please list the date and place you presented the information:

9.) Please verify that you will add CNP after your name on your business cards and email signature by signing and dating this application at the bottom.

If approved for this Award, please indicate where you would like the award presented:

Campus – indicate campus name: _____

Local Scouting Event – indicate name of the event: _____

Next AMI

Applicant's Signature _____ Date _____

Local Alliance CED or Local Scout Executive Signature _____

Nonprofit Leadership Alliance Approval _____ Date _____

****Please, scan this completed application along with all supporting documentation, including your CNP Certification (or AH Certificate) and Scout Award Certificates as a .pdf file and email it to Dr. Nathan Schaumleffel at: nathan.schaumleffel@indstate.edu. For questions, please contact Dr. Schaumleffel at 812-237-2189.****