



QUARMASTER APPLICATION

TO THE QUARMASTER AWARD APPLICANT: This application is to be completed after you have completed all requirements for the Quartermaster rank. **Print in ink or type all information.** List the month, day, and year for all dates. When using computer date blocks, list the date July 8, 1985, as 07 (for July) 08 (for day) 85 (for year). When you have completed the application, sign it and submit it to your Skipper.

FOR COUNCIL USE ONLY	
COUNCIL NO.	SHIP NO.
REGION	NATIONAL NO.
NAME ON OFFICIAL REGISTRATION	
PID NO. (REQUIRED)	

TYPE OR WRITE YOUR FULL LEGAL NAME (UP TO 30 CHARACTERS ONLY). THIS IS THE WAY YOUR NAME WILL BE PRINTED ON YOUR QUARMASTER CERTIFICATE

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Street or R.F.D. Address

City, State, ZIP

Telephone (Including area code)

Ship No.

City, State, ZIP

Email address



AGE REQUIREMENT ELIGIBILITY

A Sea Scout may earn the Quartermaster Award prior to his or her 21st birthday. Sea Scouts who have completed all requirements prior to their 21st birthday may be reviewed within three months after that date with no explanation. Boards of review conducted between three and six months after the candidate's 21st birthday must be preapproved by the local council. A statement by an adult explaining the reason for the delay must be attached to the Quartermaster application when it is submitted to the local council service center. **The Outdoor Programs/Properties Department at the National Council must be contacted for procedures to follow if a board of review is to be conducted more than six months after a candidate's 21st birthday.**

Date of Birth: _____

MONTH DAY YEAR

REQUIREMENT 1

Demonstrate that you live by the principles of the Scout Oath and Scout Law in your daily life. List the names of individuals who know you personally and would be willing to provide a recommendation on your behalf.

	Name	Address	Telephone	Email
Parents/guardians	_____	_____	_____	_____
Religious	_____	_____	_____	_____
Educational	_____	_____	_____	_____
Employer (if any)	_____	_____	_____	_____
Two other references	_____	_____	_____	_____

REQUIREMENT 2

Completed all requirements for Quartermaster rank.

Ideals: Initiated a discussion on the ideals stated in the Sea Promise, and prepared a written analysis offering recommendations for improvements regarding one of the ship's programs (bylaws and code, training programs, ceremonies, quarterdeck meetings, recruitment, or fundraising).

Active Membership: Attended at least 75 percent of the ship's meetings and special activities for at least 18 months, and presented a program on Sea Scouts to an adult organization.

Date you joined Sea Scouts: _____
MONTH DAY YEAR

Leadership: While an Able Sea Scout, planned, developed, and demonstrated leadership to others in a service project that is helpful to any religious institution, school, or your community. The project plan was approved by your Skipper and ship committee and approved by the council or district advancement committee before you started.

And

Served as an elected officer for at least six months or served as an activity chair for three major events.

And

Took command of a vessel with a crew of not less than four Sea Scouts for at least 40 consecutive hours, including two nights, or completed SEAL training.

Completed all tasks required in the following strands:

- Swimming
- Safety
- Marlinspike Seamanship
- Boat Handling
- Anchoring
- Navigation Rules
- Piloting and Navigation
- Weather
- Environment

Electives. Completed any four of the following (Check the ones completed.):

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Sailing | <input type="checkbox"/> Navigation | <input type="checkbox"/> Yacht Racing Crew |
| <input type="checkbox"/> Engines | <input type="checkbox"/> Drill | <input type="checkbox"/> U.S. Coast Guard Auxiliary Training Options |
| <input type="checkbox"/> Vessel Maintenance | <input type="checkbox"/> Piloting | <input type="checkbox"/> U.S. Power Squadrons Advanced Piloting |
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Rigging | |

Note: A Sea Scout with a disability may work toward rank advancement after he or she is 21 years of age. See the *Guide to Advancement* for details.

CERTIFICATION BY APPLICANT

On my honor as a Sea Scout, all statements on this application are true and correct. All requirements were completed prior to my 21st birthday.

 Signature of applicant Telephone _____

<small>MONTH</small>	<small>DAY</small>	<small>YEAR</small>			

BSA LOCAL COUNCIL CERTIFICATION

According to the records of this council, the applicant is a registered member of this unit and this application is approved as accurate.

 Signature of BSA council employee Telephone _____

<small>MONTH</small>	<small>DAY</small>	<small>YEAR</small>			

UNIT APPROVAL

(Personal signatures required)

Approval by Ship's Officers (Quarterdeck)

We certify that this Sea Scout has satisfactorily completed the requirements for Quartermaster and lives up to the ideals of Sea Scouts and the Boy Scouts of America.

Signature of boatswain Telephone _____

MONTH	DAY	YEAR			

Approval by Ship Committee

We certify that this Sea Scout has satisfactorily completed the requirements for Quartermaster and lives up to the ideals of Sea Scouts and the Boy Scouts of America.

Signature of committee chair Telephone _____

MONTH	DAY	YEAR			

Approval by Skipper

I certify that this Sea Scout has satisfactorily completed the requirements for Quartermaster and lives up to the ideals of Sea Scouts and the Boy Scouts of America. He/she has been an active, registered Sea Scout for at least 18 months and has earned Able rank.

Signature of Skipper Telephone _____

MONTH	DAY	YEAR			

BOARD OF REVIEW

We certify that this Sea Scout appeared before the Quartermaster board of review on this date, and this application was approved.

Review date

MONTH	DAY	YEAR			

 This date will be used on the Quartermaster credentials.

Signature of Quartermaster board of review chair _____
Signature of council/district board representative (if applicable)

APPROVAL BY SCOUT EXECUTIVE

I certify that all procedures as outlined in the *Guide to Advancement* have been followed. I approve this application.

Signature of Scout Executive

MONTH	DAY	YEAR			

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COUNCIL CONTACT INFORMATION

Council Name _____
Council Contact Name _____
Council Mailing Address _____
Telephone _____
Email _____ Position _____

Once approved and signed by the council Scout executive, the council must send this application to the National Council, which will confer the Quartermaster Award. The local council should send the completed and approved application to:

- 1.) By mail: **Boy Scouts of America
Director, Sea Scouts BSA
P.O. Box 152079
Irving, Texas 75015-2079**
- 2.) By email: **natasha.leahey@scouting.org**

If you have any questions, please call 972-580-2448.