The Congressional Award Record Book

Certificate _____ Medal _____
Bronze _____ Silver _____ Gold _____
Prior Awards: _____

Office use only:
_____
_____

Record Book

(Please print or type)

Name: _____

Address: _____ Phone: _____ (H)

_____ _____ (W)

Attending School: Yes _____ No _____ Year of Study: _____

School: _____

Employed: Yes _____ No _____ If Yes Part-Time _____ Full-Time: _____

Employer: _____

My goals and requirements to earn a Congressional Award have been achieved as stated herein.

Signed: _____ Date: _____

What I have gained by participating in The Congressional Award: _____

_____

_____

_____

_____

ADVISOR INFORMATION:

Name: _____ E-mail: _____

Address: _____ Phone: _____ (H)

_____ _____ (W)

Occupation: _____

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

Advisor's comments concerning the candidate's participation in The Congressional Award:

_____

_____

_____

_____

Submit this six-page Record Book after you have achieved your goals and completed the required hours.

The Congressional Award Record Book

Candidate: _____

VALIDATION OF ACTIVITY HOURS

VOLUNTARY PUBLIC SERVICE

Describe your goal: _____

_____

_____

Describe your activities to achieve your goal: _____

_____

_____

_____

_____

Describe what you learned: _____

_____

_____

Describe how others benefited (Voluntary Public Service): _____

_____

_____

How did you maintain a record of your activities?

☐ Journal ☐ Diary ☐ Time Sheets ☐ Photographs ☐ Other

Did you share these records with your validator?

Yes _____ No _____

Date begun: _____ Date completed: _____ Total hours: _____

Validator Comments: _____

_____

_____

Validator Information:

Name: _____

Address: _____ Phone: _____ (H)

_____ E-mail: _____

Position: _____

I certify that the hours, activities and goal as stated above were completed by the candidate:

Signed: _____ Date: _____

Validator's Signature

Remember: If you have more than one goal, you must complete a separate sheet for each goal. No more than four goals are allowed in Voluntary Public Service and no more than 2 goals, each, in Personal Development and Physical Fitness.

The Congressional Award Record Book

Candidate: _____

VALIDATION OF ACTIVITY HOURS

PERSONAL DEVELOPMENT

Describe your goal: _____

_____

_____

Describe your activities to achieve your goal: _____

_____

_____

_____

_____

Describe what you learned: _____

_____

_____

_____

_____

_____

How did you maintain a record of your activities?

☐ Journal ☐ Diary ☐ Time Sheets ☐ Photographs ☐ Other

Did you share these records with your validator?

Yes _____ No _____

Date begun: _____ Date completed: _____ Total hours: _____

Validator Comments: _____

_____

_____

Validator Information:

Name: _____

Address: _____ Phone: _____ (H)

_____ E-mail: _____

Position: _____

I certify that the hours, activities and goal as stated above were completed by the candidate:

Signed: _____ Date: _____

Validator's Signature

Remember: If you have more than one goal, you must complete a separate sheet for each goal. No more than four goals are allowed in Voluntary Public Service and no more than 2 goals, each, in Personal Development and Physical Fitness.

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Candidate: _____

VALIDATION OF ACTIVITY HOURS

PHYSICAL FITNESS

Describe your goal: _____

_____

_____

Describe your activities to achieve your goal: _____

_____

_____

_____

_____

Describe what you learned or how your skill level changed: _____

_____

_____

_____

_____

_____

How did you maintain a record of your activities?

☐ Journal ☐ Diary ☐ Time Sheets ☐ Photographs ☐ Other

Did you share these records with your validator?

Yes _____ No _____

Date begun: _____ Date completed: _____ Total hours: _____

Validator Comments: _____

_____

_____

Validator Information:

Name: _____

Address: _____ Phone: _____ (H)

_____ E-mail: _____

Position: _____

I certify that the hours, activities and goal as stated above were completed by the candidate:

Signed: _____ Date: _____

Validator's Signature

Remember: If you have more than one goal, you must complete a separate sheet for each goal. No more than four goals are allowed in Voluntary Public Service and no more than 2 goals, each, in Personal Development and Physical Fitness.

The Congressional Award Record Book

Candidate: _____

VALIDATION OF ACTIVITY HOURS

EXPEDITION/EXPLORATION

Describe your goal: _____

_____

_____

Describe your activities to achieve your goal: _____

_____

_____

_____

_____

How did you maintain a record of your activities?

☐ Journal ☐ Diary ☐ Time Sheets ☐ Photographs ☐ Other

Did you share these records with your validator?

Yes _____ No _____

Date begun: _____ Date completed: _____ Total hours: _____

How did this experience challenge you? _____

_____

_____

_____

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

_____

_____

_____

Validator Comments: _____

_____

_____

Validator Information:

Name: _____

Address: _____ Phone: _____ (H)

_____ E-mail: _____

Position: _____

I certify that the hours, activities and goal as stated above were completed by the candidate:

Signed: _____ Date: _____

Validator's Signature

Remember: If you have more than one goal, you must complete a separate sheet for each goal. No more than four goals are allowed in Voluntary Public Service and no more than 2 goals, each, in Personal Development and Physical Fitness.

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Candidate: _____

EXPEDITION/EXPLORATION

Directions: Use this form to record your expedition/exploration activities. These may include preparatory meetings and training, as well as the expedition activity itself.

Candidate's Name: _____

DATE	ENTRY (what you did)

Make copies of this page as needed