

# Venturing Leadership Award Approval Form



List approved recipients only:

Enter: Y - Youths  
A - Adults

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Award to be given (select one):      Area                      Region                      National

Region: \_\_\_\_\_ Area No.: \_\_\_\_\_

Date needed: \_\_\_\_\_ Date of award: \_\_\_\_\_

Shipping address:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I, \_\_\_\_\_, certify that the recipients listed above are official.  
Area, region or national Advisor signature only

**Please submit this VLA approval form and each recipient's application by email to:**

[Venturing.NationalOfficers@scouting.org](mailto:Venturing.NationalOfficers@scouting.org)

**Subject line:** VLA Recipients

**Allow two to three weeks for processing.**

