

# The Congressional Award Record Book

Level Applying For:

Certificate  Medal   
Bronze  Silver  Gold

Prior Awards: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Office Use Only:

\_\_\_\_\_  
\_\_\_\_\_

## Record Book

(Please print or type)

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

Address: \_\_\_\_\_  
Street Address City, State, Zip

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

Email: \_\_\_\_\_

Attending School: YES  NO  Year of Study: \_\_\_\_\_

School: \_\_\_\_\_

Employed: YES  NO  If Yes: Part-Time  Full-Time

Employer: \_\_\_\_\_

What I have gained by participating in the Congressional Award:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### ADVISOR INFORMATION:

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

Address: \_\_\_\_\_  
Street Address City, State, Zip

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Submit this six-page Record Book after you have achieved your goals and completed the required hours and months.  
Please print legibly; Electronic Record Book Pages are Available at [www.congressionalaward.org](http://www.congressionalaward.org)

Mail completed Record Book to: The Congressional Award, PO Box 77440, Washington, DC 20013







# The Congressional Award Record Book

Candidate: \_\_\_\_\_

## VALIDATION OF ACTIVITY HOURS

Expedition/Exploration

Describe your **goal**:

\_\_\_\_\_

Describe your **planning/preparation** to achieve your goal:

\_\_\_\_\_

How did this experience **challenge** you?

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

### PLANNING INFORMATION: *Planning and Preparation Dates and Hours*

**Planning Dates :** \_\_\_\_\_ - \_\_\_\_\_ **Planning Hours:** \_\_\_\_\_

### ACTIVITY INFORMATION: *ACTUAL Expedition/Exploration Activity Dates*

**Activity Dates:** \_\_\_\_\_ - \_\_\_\_\_  Evaluate as Gold Medal Level

**Days:** \_\_\_\_\_ **Nights:** \_\_\_\_\_

### VALIDATOR INFORMATION:

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Address City, State, Zip

**Phone:** \_\_\_\_\_ (H) \_\_\_\_\_ (W)

**Relationship:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Validator Comments:** \_\_\_\_\_

\_\_\_\_\_

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

**Signed:** \_\_\_\_\_

Validator's Signature

**Date:** \_\_\_\_\_

