



Boy Scouts of the Philippines

QUEZON COUNCIL

Perez Street, 4301 Lucena City

Telefax No. (042) 710 - 2488

Email Address: quezonbsp@yahoo.com

School Division of Tayabas City
STATION
RECEIVED
BY: *Armando*
DATE: *01/24/20* 4:54 PM
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January 23, 2020

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JAN 24 2020

BY: *JOSE ME...10:00..*

COUNCIL OFFICE MEMORANDUM

Number 04, s.

2020

T O : All MSC Chairmen, District Scout Commissioners, Institutional Heads,
District Troop Leaders, District Kawan Leaders, Institutional Scouting
Coordinators and Unit Leaders

SUBJECT : **SEARCH FOR 2020 SCOUT OF THE YEAR AWARD**

1. We are pleased to invite attention of all concerned on the **SEARCH FOR 2020 SCOUT OF THE YEAR AWARD**.
2. Each category has respective form to be used, to wit:
 - i. KID Scout of the Year - BSP-QC Form No.1
 - ii. KAB Scout of the Year - BSP-QC Form No. 2
 - iii. Boy Scout of the Year - BSP-QC Form No. 3
 - iv. Senior Scout of the Year - BSP-QC Form No. 4
3. Each form shall properly be filled up. If there is one requirement that will not be met by a nominee, he/she shall automatically be dropped from the list in the school / district level, thus, no need to forward the same to Quezon Council, BSP.
4. The **submission of entry form will be until March 6, 2020**. It is therefore incumbent upon all Unit Leaders to closely monitor the participation of scouts to various events to satisfy all the requirements.
5. For widest information dissemination to extend this Search to a maximum number of members.

Joel R. Avillado
JOEL R. AVILLED, Ph.D.
Council Scout Executive

NOTED & APPROVED:

Aniano M. Gayon
ANIANO M. GAYON, Ed.D.
City Schools Division Superintendent
& Deputy Council Scout Commissioner
Division of Tayabas City

Encl: Entry Forms/AIDES



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AIDES

(Activity Incentives and Developmental Equivalency in Scouting)

FOR SCOUTS:

AREA-WIDE ACTIVITIES – one of the requirements for Scout of the Year Award (SOTYA)

- Qualifies for Young Usa – Grades 1, 2 and 3
- Qualifies for 2nd Class Rank – Grades 5 and 6
- Automatically qualified for Explorer Rank – Grades 7, 8, 9 and 10 who has yet to be advanced.

COUNCIL-WIDE ACTIVITIES – will satisfy SOTYA requirements for those who did not attend Area-Wide activity.

- Automatically qualified for Growing Usa – Grades 2 and 3 who are Young Usa holder.
- Automatically qualified for 1st Class Rank for all 2nd Class Rank Holder – Grade 6
- Automatically qualified for Pathfinder – Grades 8, 9 and 10 provided a scout is Explorer Rank Holder.
- Qualified for Outdoorsman for all Pathfinder Rank Holders – Grade 8, 9 and 10
- Qualified for Venturer Rank for all Outdoorsman Rank Holder – Grade 9 and 10.

REGIONAL/NATIONAL ACTIVITIES:

- Automatically qualified for Scout of the Year Award
- Automatically qualified for: Young Usa – Grade 1, Growing Usa – Grade 2
- Automatically qualified for:
 - Outdoorsman with B.O.R. – Grade 8, 9 and 10
 - Venturer with B.O.R. – Grade 9 and above
- Outright qualified for Survival / Pre-board – Grade 9 and above (upon passing B.O.R. for Venturer at the venue)

FOR UNIT LEADERS:

- Will automatically be recommended by the council to next award (National Awards)
 - Subject to required period of interval of awards.

2 x 2
Colored Picture
in Type "A"
Scout uniform

KID SCOUT OF THE YEAR AWARD

ENTRY FORM

(Please print all entries)

N A M E _____ BIRTHDATE _____

SPONSORING INSTITUTION _____

ADDRESS OF SPONSORING INSTITUTION _____

DATE OF REGISTRATION: _____ AUR NO. _____ LANGKAY NO. _____

(PLEASE FILL UP LIGIBLY. USE EXTRA SHEET IF NECESSARY)

A. REQUIRED EVENTS	DATE	VENUE
1. Investiture Ceremony	_____	_____
2. Langkay Activity (Unit Level)	_____	_____
3. Langkay Activity (Unit Level)	_____	_____
4. School Level Activity (1)	_____	_____
5. School Level Activity (2)	_____	_____
6. Other Scouting Activity (Optional)	_____	_____

NOTE: Program of all events shall be attached.

I attest to the correctness of the above entries.

(Signature of the Candidate)

A T T E S T E D:

Parent/Guardian

Langkay Leader

District Kawan Leader

INDORSED:

Institutional Head

District Scout Commissioner

*Chairman, District /MSC
Committee on Awards*

ACTION OF THE LOCAL COUNCIL

Received by: _____

Date: _____

RECOMMENDING APPROVAL:

REV. FR. DANILO F. MANUEL
Chairman, Awards Committee

A P P R O V E D :

JOEL R. AVILLED, Ph.D.
Council Scout Executive

CATHERINE P. TALAVERA, Ph.D.
*Schools Division Superintendent
& Council Scout Commissioner*

RICARDO V. RICO
Council Chairman

(This form must be submitted to the Quezon Council, BSP Office, Lucena City on or before March 6, 2020)
THIS FORM CAN BE REPRODUCED.

2 x 2
Colored Picture
in Type "A"
Scout uniform

KAB SCOUT OF THE YEAR AWARD

ENTRY FORM

(Please print all entries)

N A M E _____ BIRTHDATE _____
SPONSORING INSTITUTION _____
ADDRESS OF SPONSORING INSTITUTION _____ GRADE: _____
DATE OF REGISTRATION: _____ AUR NO. _____ KAWAN NO. _____

(PLEASE FILL UP LIGIBLY. USE EXTRA SHEET IF NECESSARY)

A. REQUIRED EVENTS	DATE	VENUE
1. Investiture Ceremony	_____	_____
2. Kawan Activity (Unit level)	_____	_____
3. School Level Activity	_____	_____
4. District Level Activity (Optional)	_____	_____
5. Area/Council/Regional Activity	_____	_____
6. Other Scouting Activity (Optional)	_____	_____

B. HIGHEST RANK EARNED: _____ **Date Received:** _____
Grade I – Young Usa Grade II – Growing Usa Grade III – Leaping Usa
(NOTE: Advancement Report Form should be attached)

I attest to the correctness of the above entries.

		(Signature of the Candidate)
A T T E S T E D:		
_____	_____	_____
Parent/Guardian	Kawan Leader	District Kawan Leader
INDORSED:		
_____	_____	_____
Institutional Head	District Scout Commissioner	Chairman, District /MSC Committee on Awards

ACTION OF THE LOCAL COUNCIL

Received by: _____ Date: _____

RECOMMENDING APPROVAL:

REV. FR. DANILO F. MANUEL
Chairman, Awards Committee

A P P R O V E D :

JOEL R. AVILLED O, Ph.D. Council Scout Executive	CATHERINE P. TALAVERA , Ph.D. Schools Division Superintendent & Council Scout Commissioner	RICARDO V. RICO Council Chairman
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2 x 2
Colored Picture
in Type "A"
Scout uniform

BOY SCOUT OF THE YEAR AWARD

ENTRY FORM

(Please print all entries)

NAME _____ BIRTHDATE _____
SPONSORING INSTITUTION _____
ADDRESS OF SPONSORING INSTITUTION _____ GRADE: _____
DATE OF REGISTRATION: _____ AUR NO. _____
POSITION IN THE UNIT: _____ UNIT NO. _____

(PLEASE FILL UP LIGIBLY. USE EXTRA SHEET IF NECESSARY.)

A. REQUIRED EVENTS	DATE	VENUE
1. Investiture Ceremony	_____	_____
2. Troop Level Activity	_____	_____
3. School Level Activity	_____	_____
4. District/MSC Level Activity(Optional)	_____	_____
5. Area/Council/Regional or National Activity	_____	_____
6. PLTC	_____	_____
7. GO GREEN: Go For The Real Thing	_____	_____
8. Other Scouting Activity (Optional)	_____	_____

B. HIGHEST RANK EARNED: _____
Date Achieved: _____

Grade IV - - Tenderfoot Grade V – 2nd Class Grade VI – 1st Class

I attest to the correctness of the above entries.

(Signature of the Candidate)

A T T E S T E D :

Parent/Guardian

Troop Leader

District Troop Leader

I N D O R S E D :

Institutional Head

District Scout Commissioner

Chairman, District /MSC
Committee on Awards

ACTION OF THE LOCAL COUNCIL

Received by: _____ Date: _____

RECOMMENDING APPROVAL:

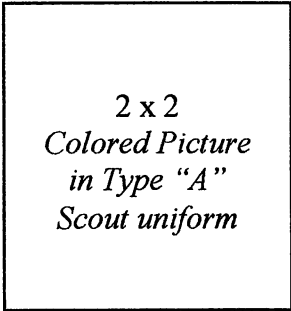
REV. FR. DANILO F. MANUEL
Chairman, Awards Committee

A P P R O V E D :

JOEL R. AVILLED, Ph.D.
Council Scout Executive

CATHERINE P. TALAVERA, Ph.D.
Schools Division Superintendent
& Council Scout Commissioner

RICARDO V. RICO
Council Chairman



SENIOR SCOUT OF THE YEAR AWARD
ENTRY FORM

(Please print all entries)

NAME _____ BIRTHDATE _____

SPONSORING INSTITUTION _____

ADDRESS OF SPONSORING INSTITUTION _____ GRADE _____

DATE OF REGISTRATION: _____ AUR NO. _____

POSITION IN THE UNIT: _____ UNIT NO. _____

(PLEASE FILL UP LIGIBLY. USE EXTRA SHEET IF NECESSARY.)

A. REQUIRED EVENTS	DATE	VENUE
1. Investiture Ceremony	_____	_____
2. Troop Level Activity	_____	_____
3. School Level Activity	_____	_____
4. District/MSC Level Activity (Optional)	_____	_____
5. Area/Council/Regional or National Activity	_____	_____
6. CLTC	_____	_____
7. GO GREEN: Go For The Real Thing	_____	_____
8. Other Scouting Activity (Optional)	_____	_____

B. COMMUNITY SERVICE ACTIVITY _____

Date: _____

Beneficiary: _____

C. HIGHEST RANK EARNED: _____

Date Achieved: _____

Grade VII – Explorer Grade VIII – Pathfinder Grade IX – Outdoorsman Grade X - Venturer

I attest to the correctness of the above entries.

(Signature of the Candidate)

A T T E S T E D:

Parent/Guardian

Outfit Advisor

INDORSED:

Institutional Head

Chairman, District /MSC
Committee on Awards

ACTION OF THE LOCAL COUNCIL

Received by: _____ Date: _____

RECOMMENDING APPROVAL:

REV. FR. DANILO F. MANUEL
Chairman, Awards Committee

A P P R O V E D :

JOEL R. AVILLEDO, Ph.D.
Council Scout Executive

CATHERINE P. TALAVERA, Ph.D.
Schools Division Superintendent
& Council Scout Commissioner

RICARDO V. RICO
Council Chairman