

# Distinguished Service Award Nomination

(MUST BE COMPLETE TO BE CONSIDERED)

**Purpose:** The Distinguished Service Award is the highest honor afforded to members by the American Camp Association. It is presented at the national conference.

**Eligibility:** To **qualify** for nomination, the candidate must:

1. be known for his/her *outstanding* service in the field. It should be easily recognized that no other award would do justice to the magnitude of the contribution of this nominee.
2. exemplify the best in service, research, teaching, or administration, plus noteworthy leadership within ACA.

3. be over forty years of age.

4. have been a member of ACA for a minimum of ten years.

**Number of Awards:** No more than one.

Nominations are due by October 12th. Mail to:

Awards Committee Chair  
American Camp Association  
5000 State Road 67 North  
Martinsville, IN 46151-7902  
765-342-8456 fax 765-342-2065  
e-mail [aca@ACAcamps.org](mailto:aca@ACAcamps.org)

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

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

Work phone \_\_\_\_\_ Home phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Age  40-50  50-60  60 and older  ACA member  Retired ACA member

Years of ACA membership  0-5  5-10  10-15  15 and more

Present affiliation \_\_\_\_\_

Previous affiliations \_\_\_\_\_

Professional achievements (recognitions, research, teaching, administration, writing, lecturing, educational background) \_\_\_\_\_

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

Outstanding contributions to the advancement of camping \_\_\_\_\_

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

ACA responsibilities and achievements (noteworthy leadership)

Section \_\_\_\_\_

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

Regional \_\_\_\_\_

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

National \_\_\_\_\_

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

Further comments \_\_\_\_\_

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Brief statement as to why this candidate should receive an award \_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

Nominated by: Name \_\_\_\_\_

Section \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_