

The Congressional Award Record Book

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: _____

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.

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

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 you served the community at large: _____

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: _____  *Hours: _____

* Report only the hours accumulated during dates you specified!

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: _____ Date: _____

Validator's Signature

Remember: If you have more than one goal, you must complete a separate sheet for each goal (make copies as needed). No more than four goals are allowed in Voluntary Public Service per level.

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: _____ *Hours: _____



* Report only the hours accumulated during dates you specified!

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: _____ Date: _____
Validator's Signature

Remember: If you have more than one goal, you must complete a separate sheet for each goal (make copies as needed). No more than two goals are allowed in Personal Development per level.

The Congressional Award Record Book

Candidate: _____

VALIDATION OF ACTIVITY HOURS

Physical Fitness

Describe your goal: _____

Describe your activities to achieve your goal: _____

Describe 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:** _____ ***Hours:** _____

* Report only the hours accumulated during dates you specified!

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: _____ **Date:** _____
Validator's Signature

Remember: If you have more than one goal, you must complete a separate sheet for each goal (make copies as needed). No more than two goals are allowed in Physical Fitness per level.

The Congressional Award Record Book

Candidate: _____

VALIDATION OF ACTIVITY HOURS

Expedition/Exploration

Describe your goal: _____

Describe your planning to achieve your goal: _____

How did this experience challenge you? _____

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

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 activity began: _____ Date activity completed: _____

Planning hours: _____ 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: _____ Date: _____
Validator's Signature

