

Recommendation for the MEDAL OF COURAGE AWARD

The **Medal of Courage** is a special award granted to Royal Rangers boys or leaders who have demonstrated an extraordinary level of courage in a situation or acted with an extreme amount of courage to assist, or on behalf of, another life.

Please fill out all parts of this recommendation. (Please type or print legibly.) Please submit this application to your district director for approval **before** sending it to the national office. The National Royal Rangers Ministries must approve all awards before they are presented. A **\$50 non-refundable** processing fee must accompany the application. This will cover the medal, ribbon, and certificate.

Steps in processing this application:

1. Satisfy basic qualification questions.
2. Complete application in detail.
3. Attach all supporting information (as applicable).
4. Have district director verify and sign application.
5. Forward to the national office for consideration.

Basic Qualifications for the Medal of Courage

- Yes No Was the applicant an active member of Royal Rangers at the time of the incident?
 Yes No Did the incident occur within the past 12 months?
 Yes No Was the applicant/rescuer nominated by someone other than himself?
 Yes No Was this action part of applicant's job* (e.g., doctor, EMT, police, military, etc.) and were they on duty?
***Note:** The applicant is eligible for this award while on duty only once. If they perform an act outside of their profession or while off duty, they may be considered for an additional award.

If "no" was marked for any of the qualification questions except for the last question, the applicant **does not** qualify for the award's basic threshold standards.

1. Person being recommended. (applicant)

Name: _____ Phone: _____

Full Address: _____

Date of Birth: _____ District: _____ Outpost #: _____

2. Church where above person attends.

Church Name: _____ Phone: _____

Full Address: _____

3. Date that incident occurred: _____ (mm/dd/yyyy)

4. Individual making the recommendation and completing this form.

Name: _____ Phone: _____

Full Address: _____

5. This form must be approved by the district commander. This is where any medal awarded will be sent.

District Approval _____ Date _____
District Director's Signature

Signature not needed if this form is attached to a conformation email from the district director.

