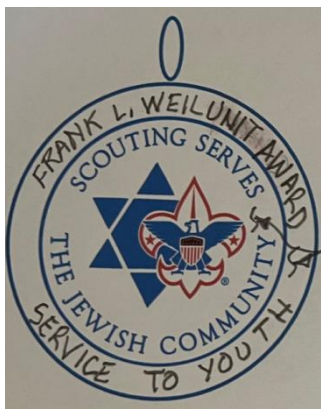


THE NATIONAL JEWISH COMMITTEE ON SCOUTING

Frank L. Weil Unit Recognition Award for Units Chartered to Jewish Institutions



Frank L. Weil Unit Recognition Award Requirements:

This Award is in memory of Frank L. Weil, one of the founders of the National Jewish Committee on Scouting (chairman from 1935- 57).

This Award, recognizes the quality and effectiveness of the units program.

The Program is administered through the Regional JCOS Chairs. Each unit may earn this recognition for each calendar year (Jan. – Dec.) they are chartered, providing the requirements are met each year. Units should aim to achieve all seven requirements.

Requirements:

Complete five of the following Seven requirements:

1. _____% of our youth advanced in rank in Year _____(Jan-Dec)

2. **Community Service Project:** Date ___/___/___

For: _____

Project: _____

3. **Re-charter:** Date ___/___/___ Our unit re-chartered on time.

4. **Unit Membership:**

Increased youth: Past charter year _____ - Youth No. _____

New charter year _____ - Youth No. _____

5. **Religious Activities:**

Our unit participated in: (circle those that apply): (Minimum of three)

A. Council or area Jewish retreat. Date _____

B. Scout Shabbat service. Date _____

C. Ten Commandments hike. Date _____

D. Additional Community service project (in addition to that done for Requirement No. 3.) Describe: _____

E. Interfaith activity. Date _____ Describe: _____

F. Observed Shabbat while camping. Date _____

G. Do a good turn. Describe: _____

6. **Tzedakah:**

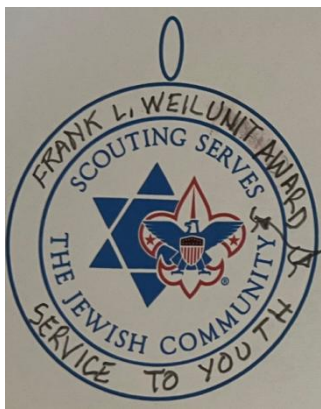
A donation was made to: _____

7. **Religious Emblems:**

Our unit of _____ Youth earned _____ Emblems in Year _____

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Frank L. Weil Unit Recognition Award for Units Chartered to Jewish Institutions



WWW.JEWISHSCOUTING.ORG

Updated-01 08 25

Ship To (Please Print):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Day Phone: _____

Unit Leader Information:

Print Name: _____ Position: _____

Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Unit Type/No.: _____; Council Name: _____

Certification by Leader:

This certifies that our unit has met all the requirements of this Award.

Certification by Rabbi:

Rabbi's Name: _____

Print Name: _____

Congregation: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____

Local or Regional JCOS Chair:

Name: _____

Day Phone: _____

COSTS:

Certificate _____ \$N/C

Ribbon: _____ \$6.00

Patches: Qty _____ @ \$6.00 = \$ _____

Shipping/Handling Fee per Order _____ \$8.00

Total Payable _____ \$ _____

(All prices are subject to change)

Email application to: awards@jewishscouting.org for approval.

Send Payment to: JewishScouting.org/product/donation/