

Supernova Award Application

Please print or type all information. Provide the month, day, and year for all dates.



Part 1: Personal Data

Candidate's name _____

Address _____

City _____ State _____ Zip code _____

Phone _____ Date of birth _____

Email _____

Unit No. _____ Unit type: Pack Troop Team Crew Ship

Council _____ Region _____

Supernova mentor's name _____ Phone _____

Email _____

Part 2: Award

This is for a: Cub Scout Boy Scout Varsity Scout Venturer Sea Scout

Supernova Award

- Dr. Luis W. Alvarez (for Cub Scouts)
- Dr. Charles H. Townes (for Webelos Scouts)
- Dr. Bernard Harris (for Bronze Supernova—Boy Scouts or Varsity Scouts)
- Thomas Edison (for Silver Supernova—Boy Scouts or Varsity Scouts)
- Dr. Sally Ride Supernova (for Bronze Supernova—Venturers or Sea Scouts)
- Wright Brothers Supernova (for Silver Supernova—Venturers or Sea Scouts)

For the Dr. Albert Einstein Supernova Award (for Gold Supernova—Venturers), use the Dr. Albert Einstein Supernova Award application, No. 512-054.

Do you have questions? Please email myscouting@scouting.org.

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Part 3: Approvals

Unit Leader's Approval

The above-named candidate is currently registered with Pack/Troop/Team/Crew/Ship _____ and is eligible to apply for this award.

Unit leader's signature _____ Date _____

Printed name _____

Statement of Candidate

On my honor, I have thoroughly read the requirements, have worked closely with my Supernova mentor, and have successfully completed all the requirements for this award. To that end, I am submitting this application with all required signatures and approvals, along with copies of all my reports and other appropriate documentation for consideration.

Candidate's signature _____ Date _____

Supernova Mentor's Approval

I have worked closely with the above-named candidate in the execution of all award requirements. I have reviewed this application and all supporting documentation, and I believe the candidate has successfully met all requirements for the Supernova Award.

Supernova mentor's signature _____ Date _____

Printed name _____

Council/District STEM/Nova Committee Approval

(or Advancement Committee, if the council has no STEM/Nova committee)

The council/district STEM/Nova committee members have reviewed this application and all supporting documentation. We have determined that the candidate has met all of the requirements for the Supernova Award and has this committee's approval and endorsement.

Chair's signature _____ Date _____

Printed name _____

Scout Executive's Approval

I have reviewed this application and all the supporting documentation, and approve the awarding of the Supernova Award to this candidate.

Scout executive's signature _____ Date _____

Council _____ City/State _____

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