

**Susquehanna Council Award Counselor Application
STEM NOVA Award**

Submit to Chair, Council Advancement Committee or Council Service Center

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____

Email Address: _____

Troop (if registered with a troop): _____

Qualifications

Provide qualification(s) that demonstrate your applicable expertise, such academic degree, formal training certification, positions held, specific life experiences.

STEM Counselor Training completed (all required):

- What is STEM
Date completed training: _____
- STEM NOVA and Supernova
Date completed training: _____
- How to teach a NOVA award Part 1
Date completed training: _____
- How to teach a NOVA award Part 2
Date completed training: _____

Signature: _____

Date signed: _____

Approved by Council Advancement Committee: _____ Yes _____ No

Name: _____

Date: _____