

Susquehanna Council Award Counselor Application
SCUBA BSA Award

Submit to Chair, Council Advancement Committee or Council Service Center

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____

Email Address: _____

Qualifications {as required in BSA Aquatics Supervision Guide}

A. Instructor qualification (at least one required):

- SCUBA Instructor Certification from PADI, NAUI, SSI, or RSTC member organizations

Certifying organization: _____

Date completed certification: _____

Expiration date of certification: _____

B. Other. None

Signature: _____

Date signed: _____

Approved by Council Advancement Committee: _____ Yes _____ No

Name: _____

Date: _____