

# United Daughters of the Confederacy®

## APPLICATION FOR STONEWALL JACKSON MEDAL/CERTIFICATE

*The Stonewall Jackson Medal (awarded with a certificate) is presented to individuals, who are not members of the UDC, to express appreciation to them for outstanding contributions and dedication (not historical in nature) to the Organization.*

Please type or print all information. For each application, enclose two copies (original and one photocopy acceptable) of the completed, signed application, one set of proofs (if applicable) and a check in the amount of \$40.00 to payable *Treasurer General UDC*. Chapters Where No Division (CWND), complete the blanks for Divisions. The Chapter Vice President sends the application to the Division Vice President for processing and submission to the Vice President General for approval. An individual may receive only one medal, but if a recipient is deserving of additional recognition at a later date, an additional certificate may be presented. Refer to the *UDC Handbook*, Chapter 8 – Awards and Medals for additional information.

**Name of proposed recipient** \_\_\_\_\_

1<sup>st</sup> –time recipient (medal & certificate)  Repeat recipient (certificate only)  Date of original bestowal \_\_\_\_\_

**Check one:** Chapter Award  Division Award  General Award  Planned bestowal date \_\_\_\_\_

**Presenting Chapter/CWND Division Name/number** \_\_\_\_\_

Give full details outlining contributions and dedication to the UDC of proposed recipient. *Use reverse of this sheet or additional sheet, if needed.* Enclose documented proof, if applicable.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Chapter award only** Signature of Chapter President \_\_\_\_\_ Date \_\_\_\_\_

Signature of Division Vice President \_\_\_\_\_ Date \_\_\_\_\_

Signature of Division President \_\_\_\_\_ Date \_\_\_\_\_

**For Division award only** Signature of Division Vice President \_\_\_\_\_ Date \_\_\_\_\_

Signature of Division President \_\_\_\_\_ Date \_\_\_\_\_

**For General award only** Signature of President General \_\_\_\_\_ Date \_\_\_\_\_

**For all awards** Signature of Vice President General \_\_\_\_\_ Date \_\_\_\_\_

**Enclosed:** Check # \_\_\_\_\_ in the amount of \$40.00 payable to *Treasurer General UDC* in the amount of \$ \_\_\_\_\_

**Ship to:** Name and Position of Officer \_\_\_\_\_

Street address or P. O. Box \_\_\_\_\_

City, state, Zip code \_\_\_\_\_

### For Business Office Use Only

Medal/Certificate  Certificate Only  Names of Division/CWND \_\_\_\_\_

Date received by Vice President General \_\_\_\_\_ Date Approved \_\_\_\_\_

Date Certificate/medal/Ritual for bestowal mailed by Business Office \_\_\_\_\_