

CHILDREN OF THE CONFEDERACY

Application for Robert E. Lee Award

Name of proposed recipient _____

Address _____

City _____ State _____ Zip code _____

Chapter/Division bestowing Award _____

Please give detailed specific qualifications for awarding the Robert E. Lee Award:

Chapter Name _____ Chapter No. _____ Division _____

Chapter Director _____ Date _____

(Signature required, if given by Chapter)

Division Director _____ Date _____

(Signature required)

Director General _____ Date _____

(Signature required)

Date award is to be bestowed _____

Insignia Order Form must accompany this application with mailing instructions.

_____ Robert E. Lee Award Medal and Certificate \$30.00 plus \$2.00 postage.

Enclosed Check No. _____ Check Date _____ Amount of check _____

Approved by:

Vice President General CofC _____ Date _____

(Signature required)

Certificate, Medal and Ritual for Bestowal mailed: Date _____

Return Completed form with check to Director General. Allow three (3) weeks for return.

Make check payable to: Treasurer General, CofC.