United Daughters of the Confederacy®

JUDAH P. BENJAMIN AWARD APPLICATION FORM

Must be printed on Legal-size UDC Acid Free Paper available from the Business Office

Submit three applications (original and two photocopies acceptable) with original signatures on each for Chapter award; two applications (original and one photocopy acceptable) with original signatures on each for Division Award. Do not fold applications/proofs. Send applications, proofs, and check to appropriate person at next level. Refer to the Judah P. Benjamin Award Application Form Instruction Sheet and the *UDC Handbook* for additional information.

Name of recipient _____

Address (number, street, city, State, Zip Code) _____

_____

Check one: Chapter Award ☐ Division Award ☐ General Award ☐ Proposed Presentation Date _____

Presenting Chapter/CWND Division Name/number _____

UDC Member? Yes ☐ No ☐ Confederate Lineage? Yes ☐ No ☐

1st –time recipient (pin & certificate) ☐ Repeat recipient (certificate only) ☐ Date of original bestowal _____

Pin only - Copy of Certificate must be provided ☐

Check appropriate award category/categories

Civic ☐ Conservation ☐ Educational ☐ Environmental ☐ Humanitarian ☐ Patriotic ☐

In the space below, give detailed information, including dates, about the recipient's endeavors/achievements that explain the reason for presentation of the award. Enclose one set of proof to document recipient's endeavors and achievements for each category checked. If more space is needed, use reverse of this sheet.

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We, the undersigned officers, approve this application and attest to the following: 1) the recipient has contributed to the historical aims of the UDC; and 2) if a UDC member, the recipient's work has not been accomplished as part of the duties of any office or committee position held

For Chapter award only Signature of Chapter President _____ Date _____

Signature of Chapter Officer/Chairman _____ Date _____

Signature of Division Officer/Chairman _____ Date _____

For Division award only Signature of Division President _____ Date _____

Signature of Division Officer/Chairman _____ Date _____

For General award only Signature of President General _____ Date _____

For all awards Signature of General Committee Chairman _____ Date _____

Name of Division Officer / Chairman _____

Address of Officer _____

Telephone and Email _____

Enclosed: Check # in the amount of **$** payable to *Treasurer General UDC* Date

Pin & Certificate **$ 40.00** Certificate only **$ 10.00** Pin only - Copy of Certificate must be provided **$ 40.00**

Ship to: Name _____

Address _____

Telephone and Email _____

Certificate Number _____ Mailed with UDC Ritual by General Chairman on _____