United Daughters of the Confederacy®

SIDNEY LANIER MEDAL APPLICATION FORM

Only one Sidney Lanier Medal per person may be bestowed. A Sidney Lanier Certificate may be presented in lieu of a second medal; also use this form to apply for the certificate in lieu of the second medal. Refer to the Instruction Sheet for rules on submitting and for additional information. Submit completed application form in duplicate with one set of proofs, as shown on Instruction Sheet.

Name of proposed recipient _____

Address (number, street, city, state, Zip code) _____

_____

Check one: Chapter Award ☐ Division Award ☐ General Award ☐ **Planned bestowal date** _____

Presenting Division / Chapter / CWND / Name and Number _____

UDC Member? Yes ☐ No ☐ 1st –time recipient (medal & certificate ☐ Repeat recipient (certificate only) ☐

The Sidney Lanier Medal is awarded through the office of the Historian General to adults for outstanding contributions in furthering the teaching and preservation of Confederate History through the performing arts in keeping with the historical aims and purposes of the Organization. The work must be original, written and performed by the recipient. In the space provided, enter as appropriate the category and the candidate's qualifications. Give detailed and specific descriptions. For each activity, enclose copies of documentation/proof. 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 Historian _____ Date _____

Signature of Division Historian _____ Date _____

For Division Award Only

Signature of Division President _____ Date _____

Signature of Division Historian _____ Date _____

For General Award Only

Signature of President General _____ Date _____

For All Awards

Signature of Historian General _____ Date _____

Enclosed: Check # _____ in the amount of $ Date _____

Make check payable to Treasurer General UDC

Ship to: Name and Position of Officer _____

Street address or P. O. Box _____

City, state, Zip code _____

EMail: _____ Telephone No. _____

Medal/Certificate _____ **Certificate Only** _____ **Mailed by Business Office On** _____