United Daughters of the Confederacy®

APPLICATION FOR STONEWALL JACKSON MEDAL/CERTIFICATE

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

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 payable to *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 _____

1st –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.

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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 _____