



## Supreme Council Columbiettes

March 16, 2024

Dear Worthy President and Sister Columbiettes,

In 1993, the Supreme Council instituted the Margaret Mary J. Mangan Achievement Award. Margaret Mary J. Mangan was one of our Founders and our first Supreme President. This program honors her and, in spirit, continues her love and dedication to the Columbiettes. With this award, we recognize and congratulate individual Auxiliaries for all the good works which are accomplished during this Columbiette year. This award is not for recognition of an individual member.

Accompanying this letter is the application for the 2024 MARGARET MARY J. MANGAN ACHIEVEMENT AWARD. The award is based on your Auxiliary's achievements from July 1, 2023, to June 30, 2024.

You may mail your application via USPS Regular Mail or Certified Mail to the Chair, Linda Darling, 206 Pitch Kettle Ct., Magnolia, DE 19962, or send via email to [SupremeMMJMAward@columbiettes.com](mailto:SupremeMMJMAward@columbiettes.com). The application must be postmarked or emailed by July 5, 2024. Proof of receipt of the Auxiliary's submission will be sent via email to the Auxiliary by the Committee. If you do not hear from the committee in 10 days, PLEASE check to make sure your application has been received.

As a reminder, please make sure you have no outstanding bills owed to the Supreme Council. PLEASE make sure your application is signed prior to sending.

If you have any questions, please do not hesitate to call me on 302-233-2246, or e-mail me at [suprememmjmaward@columbiettes.com](mailto:suprememmjmaward@columbiettes.com).

Very truly yours,

*Linda Darling*

Linda Darling, Chair

Committee Members: Jaci Carney

Becky Trombley

Crystal Vliek

cc: Jeanne Mucci, Supreme President



SUPREME COUNCIL COLUMBIETTES  
MARGARET MARY J. MANGAN AWARD  
July 1, 2023 to June 30, 2024  
AWARD APPLICATION

Auxiliary Name: \_\_\_\_\_

Auxiliary Number: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Year Instituted: \_\_\_\_\_

**Reminder – your auxiliary must be in existence for one year to qualify.**

President's Name: \_\_\_\_\_

Please Print

President's Address: \_\_\_\_\_

Street

\_\_\_\_\_  
City, State, and Zip Code

President's Email Address: \_\_\_\_\_

President's Telephone #: \_\_\_\_\_

Name and Phone Number of Person who completed the application for the President:

\_\_\_\_\_  
(This will be used if we need to contact the Auxiliary and we are unable to reach the President.)

Please note: This year you may mail the application via Certified or Regular Mail to:  
Linda Darling, Chair, 206 Pitch Kettle Ct., Magnolia, DE 19962  
or email to **SupremeMMJMAward@columbiettes.com**.

**Applications must be postmarked or emailed by July 5, 2024.**

Margaret Mary J. Mangan Award Application  
Activities from July 1, 2023, to June 30, 2024  
**Must be emailed or postmarked NO LATER than July 5, 2024**  
**Reminder: Please SIGN your application**  
NOTE: THERE IS TO BE NO DUPLICATION OF ACTIVITIES

The Auxiliary MUST be in existence for one year to qualify.

**PLEASE TYPE OR PRINT LEGIBLY – PLEASE BE DETAILED ON ACTIVITIES**

MMJM Award received by qualifying in five (5) of six (6) categories.

Honorable Mention is received by qualifying in four (4) of six (6) categories.

**1. MEMBERSHIP**

Eligibility for Membership Growth is an increase in membership from July 1, 2023 to June 30, 2024.

- a. Number of members in your Auxiliary as of July 1, 2023 \_\_\_\_\_
- b. Number of new members initiated this past year \_\_\_\_\_

(To qualify, auxiliary must initiate at least (1) new member)

**2. RELIGIOUS ACTIVITIES (10% of membership must be in attendance)**

List three (3) different activities held in person by the membership.

Some examples of acceptable activities would include attending a deceased member's Mass as a Columbiette group, performing a Columbiette service at a wake, having a prayer/rosary service, attending retreat, sponsoring a trip to a religious site.

Some examples of unacceptable activities would include serving as Extra Ordinary Ministers, Lectors, CCD instructors, Sacristans, Ushers, or in the choir, cleaning or decorating the church, or monetary donations to the church.

#1. Date: \_\_\_\_\_ Number of members taking part: \_\_\_\_\_

Activity: \_\_\_\_\_

#2. Date: \_\_\_\_\_ Number of members taking part: \_\_\_\_\_

Activity: \_\_\_\_\_

#3. Date: \_\_\_\_\_ Number of members taking part \_\_\_\_\_

Activity: \_\_\_\_\_

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3. **CHARITABLE ACTIVITIES**

List two (2) activities in which your Auxiliary participated. Be specific in detailing how the Auxiliary participated in the activity by stating where and for whom.

#1. Date: \_\_\_\_\_

Number of members taking part: \_\_\_\_\_

Activity: \_\_\_\_\_

Monetary Donations \_\_\_\_\_ and/or Hours Volunteered \_\_\_\_\_

Please state if money was raised by an activity or used from your funds.

#2. Date: \_\_\_\_\_

Number of members taking part: \_\_\_\_\_

Activity: \_\_\_\_\_

Monetary Donations \_\_\_\_\_ and/or Hours Volunteered \_\_\_\_\_

Please state if money was raised by an activity or used from your funds.

4. **COMMUNITY ACTIVITIES**

List one (1) activity in which your Auxiliary participated. Be specific as to how the Auxiliary participated in the activity by stating where and for whom.

#1. Date: \_\_\_\_\_

Number of members taking part: \_\_\_\_\_

Activity: \_\_\_\_\_

**Must be emailed or postmarked NO LATER than July 5, 2024**

**Reminder: Please SIGN your application**

**NOTE: THERE IS TO BE NO DUPLICATION OF ACTIVITIES**

**5. YOUTH ACTIVITIES**

List one (1) activity your Auxiliary participated in which involved working with or for the youth. Give a brief and specific description.

#1. Date: \_\_\_\_\_

Number of members taking part: \_\_\_\_\_

Activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. SUPPORT TO YOUR SPONSORING KNIGHTS OF COLUMBUS COUNCIL**

List two (2) different **activities** in which your Auxiliary participated with your Brother Knights. (Attending parties and/or joint installations are not considered an activity, as well as making monetary contributions).

#1. Date: \_\_\_\_\_

Number of members taking part: \_\_\_\_\_

Activity: \_\_\_\_\_  
\_\_\_\_\_

#2. Date: \_\_\_\_\_

Number of members taking part: \_\_\_\_\_

Activity: \_\_\_\_\_  
\_\_\_\_\_

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**The following items are for information purposes only.**

**IRS COMPLIANCE**

Is your Auxiliary compliant with the IRS? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you need assistance? \_\_\_\_\_

**STATE CONVENTION:** Did your auxiliary send delegates to your state convention? \_\_\_\_\_

**Has your 2023-2024 OFFICER LIST BEEN SENT TO SUPREME** \_\_\_\_\_ Yes \_\_\_\_\_ No

**RETENTION**

Number of members who withdrew this past year (members in good standing requesting withdrawal from the Order) \_\_\_\_\_

Number of members suspended this past year (members delinquent) \_\_\_\_\_

Number of members who transferred out of your auxiliary this past year \_\_\_\_\_

Number of members who transferred into your auxiliary this past year \_\_\_\_\_

What is your Auxiliary doing to retain your membership? Please explain what you are doing to keep your current members in your auxiliary.

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

**REQUIRED:** \_\_\_\_\_

Auxiliary President's Printed Name

\_\_\_\_\_  
Auxiliary President's Signature Date

**Auxiliary Name and Number** \_\_\_\_\_

Application must be signed and emailed to: [SupremeMMJMAward@columbiettes.com](mailto:SupremeMMJMAward@columbiettes.com) OR mailed Certified or regular mail to: Linda Darling, 206 Pitch Kettle Ct. Magnolia, DE 19962 NO LATER than July 5, 2024.