



SUPREME COUNCIL COLUMBIETTES
MARGARET MARY J. MANGAN AWARD
July 1, 2022 to June 30, 2023
AWARD APPLICATION

Auxiliary Name: _____

Auxiliary Number: _____

City, State, Zip Code: _____

Year Instituted: _____

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 Regular Mail to:
Linda Darling, Chair, 206 Pitch Kettle Ct., Magnolia, DE 19962
or email to SupremeMMJMAward@columbiettes.com.

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July 1, 2022, to June 30, 2023

NOTE: THERE IS TO BE NO DUPLICATION OF ACTIVITIES

Please note: You may add additional pages if necessary.

1. MEMBERSHIP

Eligibility for Membership Growth is an increase in membership from July 1, 2022, to June 30, 2023.

a. Number of members in your Auxiliary as of July 1, 2022. _____

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 or virtually by the membership.
See Criteria sheet for acceptable activities.

#1. Date: _____

Number of members taking part: _____

Activity: _____

#2. Date: _____

Number of members taking part: _____

Activity: _____

#3. Date: _____

Number of members taking part: _____

Activity: _____

Applications must be postmarked or emailed by July 3, 2023.

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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: _____

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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.)

#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

If not, please describe what your Auxiliary is doing to be compliant.

STATE CONVENTION

Did your auxiliary send delegate(s) to your State Convention this spring? _____ 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?

REQUIRED: _____

Auxiliary President's Printed Name

Auxiliary President's Signature

Date

Auxiliary Name and Number _____

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