



Supreme Council Columbiettes

March 15, 2025

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, 2024, to June 30, 2025.

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. The application must be postmarked or emailed by July 5, 2025. 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.

Very truly yours,

Linda Darling

Linda Darling, Chair

Committee Members: Jaci Carney

Rae Stabile

Colleen Stark

cc: Jeanne Mucci, Supreme President



SUPREME COUNCIL COLUMBIETTES
MARGARET MARY J. MANGAN AWARD
July 1, 2024 to June 30, 2025
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: 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, 2025.

Margaret Mary J. Mangan Award Application
Activities from July 1, 2024, to June 30, 2025
Must be emailed or postmarked NO LATER than July 5, 2025
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, 2024 to June 30, 2025.

- a. Number of members in your Auxiliary as of July 1, 2024 _____
- 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: _____

Must be emailed or postmarked NO LATER than July 5, 2025

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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, 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 2024-2025 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 OR mailed Certified or regular mail to: Linda Darling, 206 Pitch Kettle Ct. Magnolia, DE 19962 NO LATER than July 5, 2025.