

General Thomas Jackson Award Application

Member's name		
Chapter name / Number		Society
Member's Address		
City	State	Zip Code
Member's phone	Member's email	
Adopted Confec	lerate Officer's Grave Inform	ation
Officer's name and rank		
Name of Cemetery		
Address of Cemetery	County	State
Grave plot number (if none, indicate N/A))	
Date care commitment initiated	Date care commitment te	erminated
	member must have 75 of the avail om the information below:	able 100 points
25 points: Installation of MOSB §	grave plaque	
25 points: Installation of Confede	erate Cross of Honor	
	f two years of maintenance of the o fter photos with embedded date sta	8 (11
NOTE: There is a 4"x4" MOSB grave plaque available for purchase through the MOSB IHQ Store.		

Photographs (before and after) must accompany the award application. Available information about the Confederate Officer should also be submitted (such as service record copies, photo, if he survived the war, and if so, what became of him after 1865). Completed application, photos and other supporting documentation should be emailed to (hard copies will not be accepted nor returned):

LeeRoy Lance, National Awards Chairman <u>sulross1457scv@gmail.com</u>