



CATHOLIC WAR VETERANS & AUXILIARY

OF THE UNITED STATES OF AMERICA

237-20 92nd Road Bellerose, NY 11426-1110

703-549-3622 • admin@cwv.org

ESTABLISHED BY PATRIOTS – BLESSED BY POPE PIUS XI – CHARTERED BY AN ACT OF CONGRESS

September 2024

TO: National Board and Presidents of ALL echelons

From: Lupita Martinez PNP, Chairlady

SUBJECT: Honor Legion of the Order of St. Agnes

The most prestigious award presented by the National Catholic War Veterans Auxiliary is the *Honor Legion of the Order of St. Agnes* for a member's general overall exemplary service to this organization – God, Country, and Home.

A candidate selected from her auxiliary must be a member in good standing for a minimum period of five consecutive years.

National Presidents and National Chaplains shall **not** be eligible for nomination during their tenure in their respective positions.

Any nomination for this award **must originate with the Auxiliary Unit** and the candidate's resume **must be mailed directly to the Chairlady**.

The Chairlady will advise the recipient of award, with a copy to the Department President.

Enclosed you will find a **CERTIFICATE OF ELEGIBILITY** and a list of instructions.

The due date is no later than April 1, 2025.

**Lupita Martinez, PNP
St. Agnes Award Chairlady
208 Vogt Rd
Victoria, TX 77905
1-361-649-4483**

Honor Legion of the Order of St. Agnes

RESUME REQUIREMENTS

1. All resumes must be typed, double spaced.
2. Any recommendation must originate with an Auxiliary Unit as stated in the Auxiliary BYLAWS, be approved by the nominee's pastor, and be mailed directly to the National Chairlady.
3. The resume shall consist of a minimum of 500 words and a maximum of 2,000 words detailing the nominee's general overall exemplary service to the Catholic War Veterans Auxiliary. A letter from the candidate's pastor should be included. This letter would not be part of the minimum 500 words.
- 4.
5. **A current, individual photograph of the nominee in uniform, suitable for publishing in the newspaper, must accompany the resume.**
6. A completed Certificate of Eligibility (enclosed) must accompany each resume and must be signed and dated by the Unit President. If a Unit President is the nominee, the Unit Secretary shall sign and date the resume.
7. The original typed copy and 4 additional copies of the resume and Certificate of Eligibility shall be mailed to the Chairlady.
8. All candidate recommendations with the necessary documentation must be received on or before **April 1, 2024. A postmark date is not acceptable relative to the deadline date.**
9. Resumes are not required to be approved or submitted through higher echelons.
10. This prestigious award is presented by the National Department Auxiliary at the annual National Convention. The recipient and her escort must be in full C.W.V. Auxiliary uniform. The recipient shall choose her escort for the Convention Mass from the list of past previous recipients of the St. Agnes Medal.

SUPPLEMENTAL RESUMES

1. A supplemental resume detailing community affairs, parish, religious and/or fraternal organizational activities, public offices held, and any other significant deeds, may be submitted in conjunction with the Catholic War Veterans Auxiliary.
2. The original typed copy and 4 additional copies of the supplemental resume shall be mailed to the Chairlady.
3. The Supplemental resume shall consist of a maximum of 500 words and must be signed and dated by the Unit President. If a Unit President is the candidate, the Unit Secretary shall sign and date the supplemental resume.



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CERTIFICATE OF ELIGIBILITY

PLEASE TYPE and SUBMIT by April 1, 2025

1. Name of Candidate _____
2. Address _____
City _____ State _____ Zip _____
3. Telephone (include area code) _____
4. Auxiliary Unit Name & No. _____
5. Unit Auxiliary President's Name _____
6. I hereby certify that _____ is a member of Catholic War Veterans Auxiliary Unit No. _____ and has been in good standing for a minimum of five consecutive years from this date _____.

Unit Auxiliary President's Signature

Date

7. Name of Parish _____
8. Pastor's Name/Title _____
9. I hereby certify that _____ is a practicing Catholic and registered member of:

Church Name _____

City _____ State _____

Pastor's Signature

Date

PLEASE AFFIX OFFICIAL CHURCH SEAL OVER CERTIFICATION