



RACE RELATIONS

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A P P L I C A T I O N

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(Note: Please review the information and instructions that accompany Part I of this form.)

Candidate's name _____

PART II To be filled in by the supporter

Supporter's Name Mr. Ms. _____

Relationship to the candidate (teacher, community leader, etc.) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Signature _____ Date _____

Please comment on how the activity or activities upon which this application is based promotes race relations and the significance of the applicant's role in the activity (use the reverse side of this form or attach additional pages as necessary):

Please provide us with information about the general character of the candidate along with any special circumstances that would be helpful for us to know (use the reverse side of this form or attach additional pages as necessary):