IN

RACE RELATIONS



APPLICATION Page 3

PART II: To be completed by the supporter

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

| Candidate's name | | |
|---|-------|------|
| Supporter's name | | |
| Relationship to 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):