## HIGHLANDER RESEARCH AND EDUCATION CENTER SEEDS OF FIRE ADVISORY COMMITTEE APPLICATION

NAME:
ORGANIZATION:
YOUTH (14-19) YOUNG ADULT (18-35) ADULT ALLY (23+)
AGE: PHONE NUMBER(S):
EMAIL ADDRESS:
ADDRESS:
CITY: STATE: ZIP:
RACE/ETHNICITY:
SEX/GENDER:
SEXUAL IDENTITY:
CLASS BACKGROUND:
WHAT LANGUAGE(S) DO YOU FEEL MOST COMFORTABLE SPEAKING?
DO YOU HAVE ANY SPECIAL ACCESS NEEDS?
Do you commit to working with participants that are from different races, culture, gender, age, legal status, sexual orientation and religion?  Why do you want to serve on the Seeds of Fire Advisory Committee?
What social justice work have you been involved in? What role do you play within your organization? What connection do you have to Highlander and the Seeds of Fire program?

What experience if any do you have with grants, grant-making or budgeting?						
What is your vision for justice in your com	nmunity, the South and the world?					
Is there anything else that you would like	to share with us?					
Please list two (2) non-relative references	(one adult and one youth or young adult (14-23)).					
Name:	Name:					
Address:	Address:					
Daytime Phone:						
Youth/Young Adult or Adult	Youth/Young Adult or Adult:					

Please submit completed application to:

Seeds of Fire Advisory Committee/Elandria Williams
Highlander Research and Education Center
1959 Highlander Way
New Market, TN 37820

## Highlander Research and Education Center Seeds of Fire Youth Advisory Committee Application Adult Ally Reference Form

Name:		Organization:	
Refere	nce's Name:		
Addres	ss:		
City: _		State:	Zip:
Home	Phone:	Work Phone:	
1.	What is your relationship to the applicant?		
2.	How long have you known the applicant?		
3.	Is the applicant dependable?		
4.	Why would you recommend the applicant	for this position?	
-	Have you shoomed as long, of any success.		a an hardwatter a superior and 2
5.	Have you observed or know of any grant n	naking, grant writing	g or budgeting experience?
6.	Is there anything else you would like to sha	are with us?	

Please submit the completed reference form in a sealed envelope to:

Seeds of Fire Advisory Committee/Elandria Williams
Highlander Research and Education Center
1959 Highlander Way
New Market, TN 37820

## Highlander Research and Education Center Seeds of Fire Youth Advisory Committee Application Youth/Young Adult Reference Form

Name:	· 	Organization:		
Refere	ence's Name:			
Addre	ss:			
City: _		State:	Zip:	
Home	Phone:	Work Phon	ne:	
1.	What is your relationship to the applicant	t?		
2.	How long have you known the applicant?	,		
3.	Is the applicant dependable?			
4.	Why would you recommend the applican	t for this position?		
5.	Have you observed or know of any grant	making, grant writ	ing or budgeting experience?	
6.	Is there anything else you would like to sl	hare with us?		
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Please submit the completed reference form in a sealed envelope to:

Seeds of Fire Advisory Committee/Elandria Williams
Highlander Research and Education Center
1959 Highlander Way
New Market, TN 37820