Dr. Martin Luther King, Jr. Commemorative Committee Children of the Dream Award Nomination Form

Date:	
Name:	Age:
Name of Parent(s) or Guardian(s):	
Address:	
Telephone Number(s):(Home) _	
School:	
Name, address and telephone number of nomin	

Please provide brief descriptions of the following:

- 1. List of school activities, honors, awards and volunteer experience.
- 2. Candidate's citizenship, leadership and community involvement experience/activities.
- 3. Candidate's educational and career goals.
- 4. Candidate's plans for future involvement in community and/or organizational activities.

Please mail the completed nomination form, and any attachments to:

James Stowe, Chair, Dr. Martin Luther King, Jr. Awards Committee Children of the Dream Award Office of Human Rights 21 Maryland Avenue, Suite 330 Rockville, MD 20850