

# APPLICATION

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone/email: \_\_\_\_\_

RLM Affiliate: \_\_\_\_\_ School: \_\_\_\_\_

Educational institution you plan on attending: \_\_\_\_\_

Submit to your local affiliate: (1) The application  
(2) 400-500 word essay **reflecting on areas where you believe your character has grown throughout your journey as a young prolife advocate and how this influences your future goals.**

I certify that this information is true, complete and accurate. I authorize the release of this information to verify this application and for publication if chosen as the Senior Prolife Essay Scholarship winner.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

