

Application

Name: _____ Address: _____

City: _____ Zip Code: _____ Phone: _____

RLM Affiliate: _____ School: _____

Name of your prolife student group (if applicable): _____

- Turn into your affiliate:
- (1) The application
 - (2) A list of your prolife involvement and activities specifically with Right to Life of Michigan or your local Right to Life affiliate. If more space is needed, print multiple of the "List of Involvement" page. You do not need a signature from the affiliate unless you are chosen to go to the state contest.
- Process of selection:
- (1) If chosen by the affiliate as the first place winner, your application, list of involvement with their signature, and a letter of recommendation from your affiliate will go to the state office for the statewide contest.

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 award winner.

Signature: _____ Date: _____

Printed Name: _____



List of Involvement (August 2024-August 2025)

Please include the date and your volunteer role

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature from RTL affiliate representative stating the above volunteer work is accurate:

