APPLICATION

Name:	Address:	
City:	Zip Code:	Phone/email:
RLM Affiliate:	Sch	ool:
Educational institution you plan	on attending:	
Submit to your local affiliate:	(1) The application	
		eflecting on areas where you believe your character our journey as a young prolife advocate and how this oals.
		urate. I authorize the release of this information to verify nior Prolife Essay Scholarship winner.
Signature:		Date:
Printed Name:		

