Application

Name:	Address:	
City:	Zip Code:	Phone/email:
RLM Affiliate:		School:
Educational institution y	ou plan on attending:	
Submit to your local af	filiate:	
(1) The application		
• •	your journey as a young	ere you believe your character has going prolife advocate and how this
•	•	ccurate. I authorize the release of this ation if chosen as the Prolife Essay Scholarship
Signature:		Date:
Printed Name:		

