

## Diocese of Covington Pro-Life Office Scholarship Application Form

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

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

High School: \_\_\_\_\_

Current Grade:

\_\_\_\_\_ Freshman      \_\_\_\_\_ Sophomore      \_\_\_\_\_ Junior      \_\_\_\_\_ Senior

### Checklist for included documents:

\_\_\_\_\_ Description of Pro-life Activities (see page 2)

\_\_\_\_\_ Letter of recommendation

\_\_\_\_\_ Essay      \_\_\_\_\_ Video      \_\_\_\_\_ Creative Work

Return Application to the Diocesan Pro-life Office by March 31<sup>st</sup>, 2023:

Diocese of Covington Pro-life Office

1125 Madison Avenue

Covington, KY 41011

I \_\_\_\_\_ have read, understand, and accept the terms and conditions pertaining to the Diocese of Covington Pro-Life Scholarship.

\_\_\_\_\_

(Applicant)

Date \_\_\_\_\_

## **Description of Activities Promoting the Dignity of Life**

1. Description of Activity:

Location:

Date(s):

Total Number of Hours:

2. Description of Activity:

Location:

Date(s):

Total Number of Hours:

3. Description of Activity:

Location:

Date(s):

Total Number of Hours:

Attach additional pages if necessary