

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 Friday, April 12th, 2024:

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