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**Diocese of Covington Pro-Life Office**

**High School Pro-Life 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 April 10, 2017:
 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Applicant)

**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