****

**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