

# APPLICATION

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone/email: \_\_\_\_\_

College/University: \_\_\_\_\_ Year: \_\_\_\_\_

Name of your prolife college group (if applicable): \_\_\_\_\_

- Email to State Office:
- (1) The application
  - (2) Your design as a vector-based PDF
  - (3) A creative statement explaining your design (one page)

I certify that this information is true, complete, and accurate. I authorize the release of this information to verify this application and for publication if chosen as the winner. By signing, I agree that if my design is chosen, to allow Right to Life of Michigan to use my design, free of charge, for any and all printing and promotional purposes, and that this is my own, original work.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

*Deadline: Friday, May 3, 2024.*



Creative Statement

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

College/University Name: \_\_\_\_\_

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