

# APPLICATION

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

RLM Affiliate: \_\_\_\_\_ School: \_\_\_\_\_

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

Turn in to your affiliate: (1) The application  
(2) A list of your prolife involvement and activities specifically with Right to Life of Michigan or your local Right to Life affiliate. If more space is needed, print multiple of the "List of Involvement" page. You do not need a signature from the affiliate unless you are chosen to go to the state contest.

Process of selection: (1) If chosen by the affiliate as the first-place winner, your application, list of involvement with their signature, and a letter of recommendation from your affiliate will go to the state office for the statewide contest.

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 award winner.

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

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



# List of Involvement (August 2023-August 2024)

Please include the date and your volunteer role

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Signature from RLM affiliate representative stating the above volunteer work is accurate:

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