

Thomas Marzen Scholarship Application Cover Page

Please print neatly and complete all sections. This page must be returned with all other required material no later than June 1st of each scholarship year.

First Name: _____
Last Name: _____
Address: _____
City/St/Zip: _____
Email: _____
Phone: _____
University/college you will be attending: _____
Fall semester in the year of: _____
Major: _____

If you are awarded a scholarship, authorization is granted for Indiana Right to Life to reprint your scholarship essay, to announce your scholarship to your school, local newspaper, and on social media. If you are awarded a scholarship, you agree to provide Indiana Right to Life with a photo that can be used in stories announcing your scholarship.

Signed: _____
Date: ___/___/___

If applicant is under 18 years of age, a parent or legal guardian must sign below.

Signed: _____
Date: ___/___/___