



# *National* Right to Life ACADEMY

**Application, Summer 2015**

*Return completed application no later than March 13.*

**Please provide the following information:**

Name: First \_\_\_\_\_ Last \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Permanent (home) phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Permanent (home) address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Emergency contact:**

Name \_\_\_\_\_ Relation to student \_\_\_\_\_

Phone \_\_\_\_\_

Social Security Number (required for housing) \_\_\_\_\_

School \_\_\_\_\_ GPA \_\_\_\_\_

Expected date of graduation \_\_\_\_\_

Major \_\_\_\_\_

Minor \_\_\_\_\_

Do you have any food allergies or require special accommodations? \_\_\_\_\_

If yes, please explain,

\_\_\_\_\_

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*For more information please email [academy@nrlc.org](mailto:academy@nrlc.org) or call 202-626-8809*

**How did you hear about the National Right to Life Academy?**

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**Release Agreement:**

While I understand that National Right to Life Educational Trust Fund will take reasonable steps to provide for my individual safety, I am aware that NRL- ETF and its employees or agents cannot assume any responsibility for any injury, damage, or harm which might result during the course of participation in any activity connected to the National Right to Life Academy. In consideration of my participation, I agree that such responsibility will remain with me. Should any claim be asserted by any person, as a result of my acts while participating in the activity described above, or traveling to, from, or part of such activity, or should I assert any claim against NRL-ETF or its employees or agents, I agree to indemnify and hold NRL-ETF and its employees or agents harmless from any such claim, including attorney fees and costs incurred in defense thereof.

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

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

**Housing Policy:**

I understand that while living at the university residence hall assigned to students in the National Right to Life Academy, overnight guests will not be allowed to stay in my room.

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

**In addition to this completed form, please attach the following 4 items:**

1. A resume describing your professional work experience.
2. An itemized description of your past pro-life activity.
3. Letter of recommendation from someone familiar with your pro-life activities or interests.
4. A brief (2-4 page type-written) essay explaining your position on abortion and euthanasia.

***Please submit completed application materials no later than March 13.***

The required application materials can be emailed to [academy@nrlc.org](mailto:academy@nrlc.org) or mailed to:

National Right to Life, c/o Academy Program Director  
512 10<sup>th</sup> St. NW, Washington D.C. 20004

***(Applications must be postmarked no later than March 13).***

Notification of acceptance will begin in late March. Tuition costs \$3600. Deadline for 50% deposit is April 20. Final balance is due June 1.

***All applicants are subject to approval by the National Right to Life Education Trust Fund. We reserve the right to refuse applicants who, in our judgment, do not reflect the character of the National Right to Life Academy.***

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