



LIVING THE DREAM SCHOLARSHIP APPLICATION

To request funding, please fill out information below as detailed as possible with regards to how you will benefit if you receive this scholarship. You must reside in the Central Texas area & requested amount must not exceed \$2,500

Submit your completed form to: livingthedream@lonestarparalysis.org

Name: _____

Email Address: _____

Phone Number: _____

Mailing Address: _____

Do you have a Spinal Cord Injury?

If not, what is your diagnosis?

Requested Dollar Amount: \$ _____

How will you plan to use this scholarship and how will you benefit from it:

