



**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 \$2500

Submit your completed form to: [livingthedream@lonestarparalysis.org](mailto: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:

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