

THE DREAM2WALK FOUNDATION, INC.

Application for Scholarship

PERSONAL INFO

Full Name: _____

Current Address: _____

Phone: _____

Hometown: _____

- 1. Tell us your story. What was your background before your injury, what happened to you, and what are you doing now? (If selected, this will be used on our site to share your story.)**
- 2. How are you currently paying for your therapy? Do you have a job, or are you on disability? Or both?**

In order to be selected, we will need your consent to share your story on our website www.dream2walk.org, social media sites, articles, print material or promotions. We will also need your personal guarantee to help promote the Dream2Walk Foundation by spreading the word about us. By signing below you are authorizing the aforementioned requirements.

CERTIFICATION

I certify that, to the best of my knowledge, the information set forth in this Application and the attachments hereto are true, correct and complete. I also understand this application must be accompanied by a recommendation from the Executive Director or Trainer from my current rehabilitation facility or my Primary Care Physician.

***Applicant Signature:** _____

***Please print this document and sign it and return to the following:**

Email: contact@dream2walk.org OR

Physical Copy: Dream2Wak Foundation 1904 Webster Dr. Plano, TX 75075

