



Lance Morehouse, Jr. Memorial Scholarship Fund Application



Name: _____ Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

Age of person applying: _____ Recreational interests, hobbies, etc. _____

Do you have a developmental disability? Yes ____ No ____

Amount of scholarship you are requesting \$ _____

For what event or activity are you applying for a scholarship?

Does the event or activity include people with and without disabilities? Yes ____ No ____

How will an award from this scholarship fund increase your opportunities to participate in inclusive activities?

Have you explored any other sources of funding such as a scholarship from the people organizing the event?

Signature: _____

By signing I agree to share information about participation in the event including pictures if my scholarship is approved. Please return completed application to:

**The Arc of Spokane
ATTN: Lance Morehouse, Jr. Memorial Scholarship Fund
320 E. 2nd Ave
Spokane, WA 99202**