

**Adaptive Sports Association  
Alcon Visually Impaired Veterans Ski Initiative  
2011 SCHOLARSHIP APPLICATION**

**SubmitAsSoonAsPossiblefor2011WinterProgram**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Email: \_\_\_\_\_

What branch of the military did you serve in? \_\_\_\_\_

**PHYSICAL INFORMATION**

\_\_\_\_\_  
Type of Visual Impairment (please be specific): \_\_\_\_\_

\_\_\_\_\_  
Describe Visual Impairment and Field of Vision: \_\_\_\_\_

\_\_\_\_\_  
Describe Secondary Disabilities (diabetes, scoliosis, Spinal Cord, Hearing, Seizures, Prosthesis, learning, etc.)  
**(Please describe these in detail):**

\_\_\_\_\_  
Cause of Disability: \_\_\_\_\_ Date of Cause: \_\_\_\_\_

\_\_\_\_\_  
Have you had surgery related to your disability in the past 2 years? If so, please give date and  
Details of surgery: \_\_\_\_\_

\_\_\_\_\_  
Have you been diagnosed with psychological and/or emotional problems? If so, please describe:

\_\_\_\_\_  
Typical mode of locomotion and adaptive equipment used on a regular basis (guide dog, Cane, walker, transfer  
board, etc. \_\_\_\_\_

\_\_\_\_\_  
Have you experienced any problems with high altitude and/or physical exertion? \_\_\_\_\_

\_\_\_\_\_  
Have you experienced problems with cold weather? \_\_\_\_\_

\_\_\_\_\_  
Do you have allergies? Please be specific (foods, animals, plants, etc.) \_\_\_\_\_

\_\_\_\_\_  
What medications do you use? (List reason for use and side effects that you have experienced)

## PERSONAL AND LIFESTYLE QUESTIONS

Have you done much traveling? Destinations? \_\_\_\_\_

Mode of transportation while traveling (plane, train, auto, bus, etc.) \_\_\_\_\_

Describe any difficulties experienced while traveling: \_\_\_\_\_

Do you drive? \_\_\_\_\_

Are you comfortable meeting new people and trying new things? \_\_\_\_\_

Would you be willing to be a houseguest in a volunteer "host home" during the program? Yes \_\_\_ No \_\_\_

Related concerns or questions? \_\_\_\_\_

Would a "host home" with pets be acceptable? \_\_\_\_\_

If you are employed, describe your job responsibilities: \_\_\_\_\_

Are you a student? \_\_\_\_\_

Name of School: \_\_\_\_\_

What is the focus of your studies? \_\_\_\_\_

Do you have any hobbies? \_\_\_\_\_

Do you smoke? \_\_\_\_\_

Do you participate in physically challenging activities and/or exercise? Yes \_\_\_ No \_\_\_

If so, how regularly? What activities? For how long at a time? \_\_\_\_\_

Please rate or describe your overall physical condition/athleticism: \_\_\_\_\_

Have you been to a ski resort since your disability? Yes \_\_\_ No \_\_\_

Did you try skiing, if so, describe experience and type of equipment that you used: \_\_\_\_\_

Did you ski before your disability? Yes \_\_\_ No \_\_\_ If so, describe ability level: \_\_\_\_\_

Do you travel with a guide or service dog? Yes \_\_\_ No \_\_\_

If so, what accommodations need to be made for your dog? \_\_\_\_\_

Dietary preferences/limitations? \_\_\_\_\_

Do you need a shower chair, if so, what type? \_\_\_\_\_

Do you need an elevated toilet seat, if so, what type? \_\_\_\_\_

Do you require assistance with any daily activities or personal needs (transfers, wheelchair, bathing, toileting, etc.)? \_\_\_\_\_

*Please note: Assistance is typically not available in bathroom without advance notice. The host families are not trained in personal care and disability issues.*

Have you experienced any issues with nighttime incontinence or leaking? \_\_\_\_\_

Other information that you would like to include that would be helpful for your host family (and your comfort)? \_\_\_\_\_

If selected, do you have a preferred time frame to participate in this scholarship program? \_\_\_\_\_

Are there dates that are absolutely impossible for you? \_\_\_\_\_

Do you have any questions, comments, concerns or fears? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ASA can provide loaner ski clothes and all necessary equipment for your ski trip.  
Please indicate whether you need clothing below:**

- Yes, I need loaner ski clothes.
- No, I do not need loaner ski clothes.

**Where did you learn about the Alcon Visually Impaired Veterans Initiative?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Note: A selection committee representative may contact you for a personal or phone interview.*

This scholarship program is funded by Alcon Corporate Giving. It includes transportation to Durango, Colorado, five nights lodging with a volunteer “host home” in the Durango area, most meals, four days of ski instruction with lift tickets and all necessary ski equipment.

**Help us “Spread the Word”**

This outreach program is designed to expose individuals with disabilities to the advantages of adaptive programming with the Adaptive Sports Association. We would eventually like to develop a long-term relationship with a service club, rehab facility, disability service program or other organization in your city that would embrace this scholarship program. It is very helpful if you have contacts or relationships with individuals or groups that could aid in these future development possibilities.

**Do you have contact with disability groups or service clubs in your area? (Please list)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are there other ways that you could assist us in spreading the word about our program and your experience with us? (Media, newsletters, public speaking, etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Would you be willing to write a thank you letter to us following your learn-to-ski week that we could pass on to funders of scholarship outreach program? Yes \_\_\_ No \_\_\_**

**Please Mail Applications to:**

**Adaptive Sports Association  
P.O. Box 1884  
Durango, CO 81302**