

**Adaptive Sports Association
Alcon Visually Impaired Veterans Ski Initiative
2010 SCHOLARSHIP APPLICATION**

Submit As Soon As Possible for 2010 Winter Program

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**