

**ADAPTIVE SPORTS ASSOCIATION
Dave Spencer Memorial Scholarship
2010-2011 SCHOLARSHIP APPLICATION**

Name: _____ Date: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____ Age: _____

Sex: _____ Height: _____ Weight: _____

Occupation: _____ Marital Status: _____ E-mail: _____

PHYSICAL ISSUES

Disability (please be very specific): _____

Secondary Disabilities (diabetes, scoliosis, learning, etc.): _____

Cause of Disability: _____ Date of Cause: _____

If Spinal Cord Injury, what level, complete/incomplete? _____

Rods: _____ Fusion: _____

If Visually Impaired, Describe Field of Vision: _____

If Hearing Impaired, Extent of Loss: _____

Do you have Seizures? _____ Controlled? _____

Type of Seizures: _____ Frequency: _____

Date of last seizure _____

If you have an amputation do you use a prosthesis? _____

Do you use it for sports? _____

Additional related comments: _____

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 (manual wheelchair, cane, walker, transfer board, etc.)? _____

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

Have you had problems with pressure points? _____

Have you experienced problems with cold weather? _____
If Down Syndrome, have you had a neck x-ray? *Yes No* Results: _____
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 this program? *Yes No* related concerns or questions? _____

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: _____

—
If you use a wheelchair part-time, would you prefer to ski standing or seated? Why? _____

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Dietary preferences/limitations: _____
What is the exact width of your wheelchair at its widest point of the wheels? _____
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, routines 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? _____

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Is there any other information that you would like to include that would be helpful for your host family (and your comfort)? _____

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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 ski clothes and all necessary equipment for your ski trip with advance notice.

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

This scholarship program is funded through private donations. 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 contacts 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 programs? *Yes No*

Please Mail Applications to:

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