

**ADAPTIVE SPORTS ASSOCIATION  
NEW DIMENSIONS  
2010-2011 SCHOLARSHIP APPLICATION  
Deadline: December 15, 2010**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Email: \_\_\_\_\_

**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 leg 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 Downs 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

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

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:

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

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?

Is there any 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?

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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. Your sizes? \_\_\_\_\_
- No, I do not need loaner ski clothes.

**Where did you learn about the New Dimension program?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***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 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**

## References and Authorization for Background Check

Please list contact information for two references (i.e. care providers, medical providers etc.)

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_  
 Phone # \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_  
 Phone # \_\_\_\_\_ Email \_\_\_\_\_

ASA runs a background check on all skiers prior to awarding New Dimensions scholarships. Below you will find a consent form. Please fill out in its entirety. You can contact the office directly with any questions or concerns.

### AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_  
 Last Name First Name Middle Name

Current Address \_\_\_\_\_ Dates Lived Here \_\_\_\_\_

Addresses for the Past Seven Years: (include street, city, state, zip code) \_\_\_\_\_ Dates of Residence: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Birth \_\_\_\_\_ Other Names Used (including maiden name) \_\_\_\_\_ Years Used \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

do hereby authorize any duly authorized agent of Adaptive Sports Association (ASA) and **IntelliCorp Records, Inc** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by ASA and **IntelliCorp Records, Inc** for identification purposes and for the release information which will be considered in determining my suitability to provide volunteer services for the benefit of ASA. I certify that I have made true, correct, and complete answers and statements on my volunteer application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application to ASA. I agree to provide additional information that may be requested to process my application. I authorize without reservation, any party or agency contacted by ASA and **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my involvement with ASA to the extent permitted by law.

\*\*I hereby do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact *my current* employer for Employment and Reference Verifications (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the /Reference Section of your application.)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of application by ASA or the termination of my services to ASA.

Printed Name \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

úCALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY: If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Report, please check the box. This report may include character and reputation information obtained through personal interviews.

Please Mail Applications to:  
**Adaptive Sports Association**

**P.O. Box 1884  
Durango, CO 81302**