

**ADAPTIVE SPORTS ASSOCIATION
NEW DIMENSIONS
2009-2010 SCHOLARSHIP APPLICATION
Deadline: December 15, 2009**

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?

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 _____

CALIFORNIA, 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**