

**ADAPTIVE SPORTS ASSOCIATION**  
**2013-2014 New Dimensions Scholarship Application**

Winter Scholarship Application  
**Deadline: December 15, 2013**

You don't have to be an adventurer or athlete to do this trip.  
It can be life changing for people of all abilities.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Marital status: \_\_\_\_\_  
Occupation: \_\_\_\_\_

**PHYSICAL INFORMATION**

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, describe extent of loss: \_\_\_\_\_

Do you have seizures? \_\_\_\_\_ Type of seizures? \_\_\_\_\_

Controlled? \_\_\_\_\_ Frequency? \_\_\_\_\_ Date of last one: \_\_\_\_\_

If you have a leg amputation, do you use a prosthesis? \_\_\_\_\_ Do you use it for sports? \_\_\_\_\_

Additional related info: \_\_\_\_\_

Have you had surgery related to your disability in the past 2 yrs? \_\_\_\_\_ If yes, please give the date and details of the surgery: \_\_\_\_\_

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

List typical mode of locomotion and adaptive equipment used on a regular basis (type of 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? \_\_\_\_\_

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

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

## PERSONAL AND LIFESTYLE QUESTIONS

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

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

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

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

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 participate in physically challenging activities and/or exercise? \_\_\_\_\_

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

Have you participated in other adaptive sports/recreational opportunities? \_\_\_\_ If yes, please list them: \_\_\_\_\_

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

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

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

Have you been to a ski resort since you disability? \_\_\_\_ If so, did you try skiing or other snow sport? \_\_\_\_\_

Describe the experience and type of equipment used: \_\_\_\_\_

Did you ski before your disability? \_\_\_\_ If yes, describe ability level: \_\_\_\_\_

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

## Host Home Questions

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

What are your related concerns or questions? \_\_\_\_\_

What is the exact width of you wheelchair at its widest point of the wheels? \_\_\_\_\_

Do you need a shower chair? \_\_\_\_ If yes, what type? \_\_\_\_\_

Do you need an elevated toilet seat? \_\_\_\_ if yes, 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.

Do you need loaner clothes? \_\_\_\_ If yes, what sizes are needed? \_\_\_\_\_

Where did you learn about this scholarship? \_\_\_\_\_

*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" or hotel in the Durango area, most meals, four days of ski instruction with lift tickets and all necessary equipment. **If a selected participant must cancel after non-refundable reservations are made, reimbursement to ASA is expected.**

All selected participants will be asked to sign an Acknowledgment of Risk and Assumption of Liability form.

### 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 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 (i.e.: media, newsletters, public speaking, etc.)?

---

---

---

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

Additional comments:

---

---

---

---

# 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 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, \_\_\_\_\_  
Please Print: Last Name First Name Middle Name

---

Current Mailing Address, City, State, Zip Code No. of years at address

---

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** (circle/highlight) 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.

Return Applications to: **Adaptive Sports Association**  
**P.O. Box 1884**  
**Durango, CO 81302**  
**[tim@asadurango.com](mailto:tim@asadurango.com)**  
**fax: 970-259-2175**  
**or access it on our website:**  
**[www.asadurango.com](http://www.asadurango.com)**