

Date Received _____

**MADISON WEST KIWANIS FOUNDATION, Inc/ETHEL ALLEN TRUST
ADAPTIVE SKI ASSOCIATION SCHOLARSHIP APPLICATION**

2009-2010 Program (Ski Dates: March 1 – March 6, 2010)

**TO QUALIFY FOR A SCHOLARSHIP
YOU MUST HAVE AN ACQUIRED PERMANENT DISABILITY**

Application Due: November 2, 2009

The scholarship will include round-trip airfare from Madison to Durango, Colorado, five nights lodging in the Durango hotel, meals, four days of ski instruction, lift tickets, local transportation, and all necessary ski equipment.

Name _____

Mailing Address _____

E-mail Address _____

Day Phone _____ Evening Phone _____

Occupation _____

PHYSICAL INFORMATION

1. Sex ____ Height _____ Weight* _____ Shoe Size _____

*Due to restrictions on equipment that may be required in the program, there is a 200 lb. weight limit

2. Disability (Please be very specific) _____

3. Secondary disabilities (diabetes, scoliosis, learning, etc.) _____

4. Cause of disability _____ Date _____

5. If spinal cord injury, what level?

Complete ? Incomplete? _____ Rods? _____ Fusion? _____

6. If visually impaired, field of vision _____

7. If hearing impaired, to what extent? _____

8. Do you have seizures? Yes No Controlled? Yes No

Type _____ Frequency _____ Date of Last _____

9. Have you had surgery in the past 2 years? Yes No

If yes, give date and details of surgery _____

10. Have you been diagnosed with psychological or emotional problems? Yes No

If yes, please explain

11. Daily mode of locomotion and adaptive equipment used regularly. (manual or power chair, cane, walker, transfer board, AFO, etc.) _____

12. Do you require any assistance with daily activities/routines or personal needs (i.e., transfers, toileting, bathing, hygiene, etc.)?

13. If you have a leg amputation, do you use a prosthesis? Yes No

14. If you use a prosthesis for sports, please describe activities _____

15. Have you experienced any problems with high altitude or exertion? Yes No
16. Have you experienced major problems with cold weather? Yes No
17. Have you experienced any problems with pressure sores? Yes No
18. Do you have allergies? Yes No Please be specific (foods, animals, plants, etc.)

19. What medications do you use and the reason for their use? Please list any side effects or medication allergies

20. What is the exact width of your wheelchair at its widest point of the wheels? _____

21. Do you need a shower chair and/or an elevated toilet seat? Yes No

If so, what type(s)? _____

22. Dietary preferences/limitations? _____

23. If you have experienced issues with incontinence or urological equipment leaking, please explain: _____

PERSONAL AND LIFESTYLE INFORMATION

1. How long have you lived in the greater Madison area? _____

2. Do you drive? Yes No

3. Have you traveled since your disability? Yes No Where? _____

4. Mode of transportation (auto, bus, train, airplane, etc.)? _____

5. Was any of the traveling alone? Yes No With family/friends? Yes No

6. What, if any, difficulties did you experience when traveling? _____

7. Are you comfortable meeting new people? Yes No

8. If employed, where do you work? _____

Describe your job responsibilities. _____

9. Are you a student? Yes No At what school? _____

Area of study _____

10. Do you have hobbies and if so, what are they? _____

11. Do you smoke? Yes No

12. If you are awarded a scholarship, would you be willing to tell of your experiences at a Kiwanis meeting? Yes No

13. Please rate your overall physical condition. Fair Good Excellent

14. If you currently participate in physically challenging activities, please describe
How many times per week? _____ How long each time? _____

15. Did you snow ski before your disability? Were you a beginner, intermediate or expert skier? (Circle one). Did you ski or did you snow board? (Circle one)

16. Do you ski or snowboard now? Yes No

17. Do you know any skiers with a physical disability? Yes No

If yes, please give their names _____

18. Do you have any questions, comments, concerns, fears?

The Photo Release (below) and the Liability waiver (next page) must be signed by the applicant to be considered for a scholarship.

I _____ hereby give my consent to have photos taken by Madison West Kiwanis members or by the Adaptive Sports Association staff or volunteers to be used for the purpose of promoting and publicizing in, but not limited to, brochures, newsletters and Kiwanis District publications.

Signed _____ Date _____

Liability Waiver

In consideration for the acceptance for the applicant of this scholarship, I hereby release and waive any claim or cause of action which may occur against Madison West Kiwanis or any person acting with their permission arising out of any injury to his/her person or property during his/her stay at the Adaptive Sports Association session, in transit to and from said session, or during any activity approved by and of said persons for injury as herein stated.

I have read the foregoing waiver and agree below and warrant that I fully understand the contents thereof.

Signed _____ *Date* _____