



Alpine Adaptive Scholarship Program Inc.
3151 Maple Drive, NE
Atlanta, Georgia 30305
404-509-7143
info@aaspga.org

Initial Scholarship Application

Participant:

First: _____

Last: _____

Diagnosis:_____ **Date of Onset:**_____

Special Considerations: _____

Date of Birth: _____ Height: _____ Weight: _____ Gender: _____

Participant Information:

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Mobile #: _____

Email: _____

Emergency Contact: _____

Phone #: _____ Relationship: _____

Parent/Guardian: First: _____ Last: _____

Previous skiing experience:

Medical History/comPLICATIONS:

If you have any of the following conditions, please circle the number and give details at the end of the section.

1. Any Problems with vision or hearing, require glasses, hearing aid
 2. Dizzy spells, fainting, convulsions, chronic headaches
 3. Chronic cough, bronchitis
 4. Asthma or respiratory problems
 5. Palpitations of the heart, irregular heartbeat, heart murmurs
 6. Jaundice or Hepatitis
 7. Kidney infection or stones
 8. Broken bones, joint dislocations, serious sprains
 9. Any severe injury to head, chest, internal organs
 10. Chronic skin problems (rash-infection)
 11. Reaction to extreme temperatures, frostbite, severe sunburn
 12. Allergy to medications, foods, insect bites, bees, etc.
 13. History of diabetes, thyroid issues, bleeding
 14. Incontinence
 15. Any medications for diabetes, seizure, or bleeding thinning
 16. History of altitude sickness
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Please answer the following questions:

1. Are you a member of PVA//DAV/VA/Other disability organization? ____ Which organization? _____

2. Do you currently receive Government Assistance? ____ Which program? _____

3. Are you a member of a subsidized living program? ____ Which program? _____

4. What is your or your family's annual income? _____

(If student is under 18, please report the parent or guardian's annual income) _____
5. Are you supporting other persons beside yourself? (family/spouse, number of children, etc.) _____

6. Please list any other non-medically earmarked bank accounts, investments (stocks, bonds, IRAs, etc.), real estate, other holdings or assets, interest/dividends, or any settlements that you may have received in excess of \$10,000.00. _____

ESTIMATE OF NEED

1. The estimated individual cost of participation in the 2016 program is between \$2800.00 and \$3500.00.

2. \$_____ Maximum amount you can provide toward tuition

(Please include aid from other sources)

3. \$_____ Minimum amount you need in financial aid

(Except in extreme circumstances, AASP cannot provide a full scholarship)

Letter of Interest/Need

Alpine Adaptive Scholarship Program is a program specifically geared to developing a life sport. Please provide a letter explaining your interest in the program and why you are a good candidate for participation.

As a separate part of your letter, please explain your reasons for needing the financial assistance this program offers. Please include an estimate of how much you feel you can contribute. Depending upon your financial situation, AASP provides various degrees of support up to full scholarships. Components of a typical trip include: Accessible Air and Ground Transport, Accessible Lodging and Adaptive Equipment/Lift Tickets/Professional Instruction. Typical cost for these items for each participant is \$2800.00- \$3500.00 exclusive of administrative costs depending upon destination and other variables. Trips are scheduled for five days/six nights and include 4 days of intensive training.

Mentor Information (optional)

The Program allows for a companion or mentor to accompany each participant at his/her own cost. If the Program is providing lodging, then AASP does not require a surcharge or contribution to Lodging costs as all rooms are accessible and include two queen beds/double occupancy. All mentors are subject to program rules, must complete appropriate waivers and forms required by the Program and must submit to group booking and travel. Mentors may be added up until one week after selection and acceptance. The Program will have a minimum of two chaperones on each trip.

Mentors name: _____

Address:

Phone# 1:_____

Phone# 2:_____

Relationship: _____