



**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 blood 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. \_\_\_\_\_
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### **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: \_\_\_\_\_