

**Telluride Adaptive Sports Program
2011 Summer Program
Scholarship Application**

NAME/STUDENT: _____

PARENT/GROUP/SPONSOR: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE H/W/C: _____

DISABILITY: _____

E-MAIL: _____

WHAT ACTIVITIES ARE YOU INTERESTED IN?

- Hiking Cycling Rock Climbing Horseback Riding Fishing Overnight Outings
 Jeep Tours ATV Tours Rafting Kayaking Canoeing
 OTHER (PLEASE DESCRIBE):

PLEASE DESCRIBE CURRENT FINANCIAL SITUATION AND/OR ABILITY TO PAY: Participants are asked to pay a minimum amount for all activities. Activity fees are dependant on each individual activity - some activity minimums may be more.

PROPOSED SCHEDULE FOR ACTIVITIES/LESSONS: Indicate the day/dates, # of activities or schedule:

I HAVE PROVIDED THE FIRST PAGE OF MY MOST RECENT TAX RETURN.
(Scholarship applications will not be considered without this information).

SIGNATURE: Applicant/Parent/Sponsor _____

APPROVED BY: _____ Date: _____

Courtney Stuecheli or designated TASP staff

- Please submit to TASP office 2 weeks prior to participation. Call 970-728-5010, Fax: 970-728-3593
- Mail: TASP, P.O. Box 2254 Telluride, CO. 81435 E - mail: tasp@tellurideadaptivesports.org