



**TELLURIDE ADAPTIVE SPORTS PROGRAM
SCHOLARSHIP APPLICATION**

Please submit to TASP office 2 weeks prior to a lesson.
If further information is needed, call TASP 970-728-5010.
Mail form to: TASP, Box 2254, Telluride, CO 81435 or fax 970-728-3593
Email: tasp@tellurideadaptivesports.org

Name:
Parent/Group/Sponsor:
Address:
City/State/Zip:
Email Address:
Phone Home/Work:
Disability:
Ski Method:
Equipment:

Skiing Background: (circle)

It's my first time and I want to give it a try!
It's fun but I need practice
Love it – I live to ski

Done it before and want to do it again!
Would do more if I could
Powder Rules!

Desired Services: (circle) Adaptive Lessons Ski Buddy Equipment

Other: _____

Please describe what skiing means to you: _____

Please describe your current financial situation and/or needs: _____

Please indicate your ability to pay (amount). Due to limited scholarship resources – everyone needs to pay something – we have a \$20 minimum payment. You may also volunteer in exchange for service. _____

Proposed schedule for lessons, other services or volunteering: (2 weeks notice is preferred)
Indicate day/dates: _____

APPLICANT SIGNATURE _____ **DATE** _____

PARENT/SPONSOR/GROUP SIGNATURE _____

APPROVED BY _____

Courtney Stuecheli or TASP Board Scholarship Representative