



**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:	Date of Birth:
Parent/Group/Sponsor:	
Address:	
City/State/Zip:	
Email Address:	
Phone Home/Work:	
Disability:	Male / Female:
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. You may also volunteer in exchange for service.

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

I have attached a copy of the front page from my last completed tax return. (required)

APPLICANT SIGNATURE _____ **DATE** _____

PARENT/SPONSOR/GROUP SIGNATURE _____

APPROVED BY _____

Courtney Stuecheli or TASP Board Scholarship Representative