

Date Received \_\_\_\_\_

**MADISON WEST KIWANIS FOUNDATION, Inc/ETHEL ALLEN TRUST  
ADAPTIVE SKI ASSOCIATION SCHOLARSHIP APPLICATION**

**2017-2018 Program**

**TO QUALIFY FOR A SCHOLARSHIP  
YOU MUST HAVE A PERMANENT DISABILITY**

**Application Due: December 16, 2017**

This scholarship includes round-trip airfare from Madison to Durango, Colorado, five nights lodging in a Durango hotel, meals, four days of ski instruction, lift tickets, local transportation, and all necessary ski equipment. Since we seek to accommodate individuals with a wide range of physical disabilities, selection is based on numerous factors (mix of disability types in a traveling group, available funding, capacity of the ski school, etc.). It is therefore important that you complete this application as honestly, accurately and completely as possible. The questions are *not* meant to disqualify applicants; they are designed to give the Foundation and the ski school as much information as possible to assure a successful ski experience.

Name \_\_\_\_\_  
First Name Middle Initial Last Name

Mailing Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Birth date (required by airlines to book flight): \_\_\_\_\_  
Month Day Year

**PHYSICAL INFORMATION**

1. Gender: \_\_\_ Male \_\_\_ Female Height \_\_\_\_\_ Weight \_\_\_\_\_ Shoe Size \_\_\_\_\_

2. Disability (Please be very specific) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Secondary disabilities (diabetes, scoliosis, learning, etc.) \_\_\_\_\_  
\_\_\_\_\_

4. Cause of disability \_\_\_\_\_ Date \_\_\_\_\_

5. If spinal cord injury, what level?  
 Complete?  Incomplete? \_\_\_\_\_ Rods? \_\_\_\_\_ Fusion? \_\_\_\_\_

6. If visually impaired, field of vision \_\_\_\_\_

7. If hearing impaired, to what extent? \_\_\_\_\_

8. Do you have seizures?  Yes  No Controlled?  Yes  No  
Type \_\_\_\_\_ Frequency \_\_\_\_\_ Date of Last \_\_\_\_\_

9. Are you currently under the care of a physician?  Yes  No  
If yes, have you been cleared by the doctor to participate in this type of activity?  
 Yes  No

10. Have you had surgery in the past 2 years?  Yes  No  
If yes, give date and details of surgery \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Have you been diagnosed with psychological or emotional problems?  Yes  No  
If yes, please explain  
\_\_\_\_\_

12. Daily mode of locomotion and adaptive equipment used regularly. (manual or power chair, cane, walker, transfer board, AFO, etc.) \_\_\_\_\_  
\_\_\_\_\_

13. Do you require any assistance with daily activities/routines or personal needs (i.e., transfers, toileting, bathing, hygiene, etc.)?

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14. If you have a leg amputation, do you use a prosthesis?  Yes  No

15. If you use a prosthesis for sports, please describe activities \_\_\_\_\_

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16. Have you experienced any problems with high altitude or exertion?  Yes  No

17. Have you experienced major problems with cold weather?  Yes  No

18. Have you experienced any problems with bed sores or pressure sores?  Yes  No

19. Do you have allergies?  Yes  No Please be specific (foods, animals, plants, etc.)

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20. What medications do you use and the reason for their use? Please list any side effects or medication allergies

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21. What is the exact width of your wheelchair at its widest point of the wheels? \_\_\_\_\_

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22. Do you need a shower chair and/or an elevated toilet seat?  Yes  No

If so, what type(s)? \_\_\_\_\_

23. Dietary preferences/limitations? \_\_\_\_\_

24. If you have experienced issues with incontinence or urological equipment leaking, please explain: \_\_\_\_\_

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**PERSONAL AND LIFESTYLE INFORMATION**

1. How long have you lived in the greater Madison area? \_\_\_\_\_

2. Do you drive?  Yes  No

3. Have you traveled since your disability?  Yes  No If yes, where? \_\_\_\_\_

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4. Mode of transportation (auto, bus, train, airplane, etc.)? \_\_\_\_\_

5. Was any of the traveling alone?  Yes  No With family/friends?  Yes  No

6. What, if any, difficulties did you experience when traveling? \_\_\_\_\_

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7. If you use a wheelchair, can you transfer from the chair into a traditional seat in a van?  
 Yes  No

NOTE: The travel van in Durango is fully accessible; ability to transfer is NOT required.

8. Are you comfortable meeting new people?  Yes  No

9. If employed, where do you work? \_\_\_\_\_

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Describe your job responsibilities. \_\_\_\_\_

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10. Are you a student?  Yes  No At what school? \_\_\_\_\_

Area of study \_\_\_\_\_

11. Do you have hobbies and if so, what are they? \_\_\_\_\_

12. Do you smoke?  Yes  No

13. If you are awarded a scholarship, would you be willing to tell of your experiences at a Kiwanis meeting?  Yes  No

14. Please rate your overall physical condition.  Fair  Good  Excellent

15. If you currently participate in physically challenging activities, please describe  
How many times per week? \_\_\_\_\_ How long each time? \_\_\_\_\_

Type of Activity: \_\_\_\_\_

16. Did you snow ski before your disability? Were you a beginner, intermediate or expert skier?  
(Circle one). Did you ski or did you snow board? (Circle one)

17. Do you ski or snowboard now?  Yes  No  
How? \_\_\_\_\_ Where? \_\_\_\_\_ How often? \_\_\_\_\_

18. Do you know any skiers with physical disabilities?  Yes  No

If yes, please give their names \_\_\_\_\_

\_\_\_\_\_

19. Do you have any questions, comments, concerns, fears?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. In what ways do you think you would benefit from this experience?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The Liability Waiver and the Photo Release must be signed by the applicant to be considered for a scholarship.**

**Liability Waiver:**

In consideration for the acceptance for the applicant of this scholarship, I hereby release and waive any claim or cause of action which may occur against Madison West Kiwanis or any person acting with their permission arising out of any injury to my person or property during my stay at the Adaptive Sports Association session, in transit to and from said session, or during any activity approved by and of said persons for injury as herein stated.

I have read the foregoing waiver and agree below and warrant that I fully understand the contents thereof.

*Signed* \_\_\_\_\_ *Date* \_\_\_\_\_

**Photo Release:**

I \_\_\_\_\_ hereby give my consent to have photos taken by Madison West Kiwanis members or by the Adaptive Sports Association staff or volunteers to be used for the purpose of promoting and publicizing in, but not limited to, brochures, newsletters and Kiwanis District publications.

*Signed* \_\_\_\_\_ *Date* \_\_\_\_\_