

Telluride Adaptive Sports Program
2010 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?

- RAFTING KAYAKING JEEP TOURS CYCLING HIKING FISHING
- ROCK CLIMBING OVERNIGHT OUTINGS OTHER (PLEASE DESCRIBE)

WHAT ACTIVITIES ARE YOU INTERESTED IN THIS SUMMER? *See summer schedule.*

PLEASE DESCRIBE CURRENT FINANCIAL SITUATION AND/OR NEEDS:

PLEASE INDICATE ABILITY TO PAY: Students or parents are asked to pay a minimum of \$15.00 for most single day activities. Activity fees will vary this summer - some activity minimums may be more. Please let us know if you would like to volunteer in exchange for services. Explain any extenuating financial circumstances that would keep you from participating!!

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

PLEASE PROVIDE MOST RECENT TAX RETURN DOCUMENTATION.
(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