



Financial Scholarship Application

T: 970-728-5010 www.tellurideadaptivesports.org PO Box 2254
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Please submit this form to TASP office at least 1 month prior to lesson.

Participant Contact Information

Participant Name: _____ Date of Birth: _____
Parent/Group/Sponsor: _____ male female
City: _____ State: _____ Zip: _____ Email: _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____
Participant Disability: _____ Equipment Needed: _____
If enrolled in school, do you qualify for the school district free or reduced lunch program? yes no
Are you a U.S. Service Member? yes no

Lesson & Financial Information

Desired Number of Lessons: _____ Activity (ski, cycle, etc): _____
Proposed schedule for lesson or other services (1 month notice is preferred). Indicate day/dates: _____

Please describe what participating with TASP means to you? _____

Please describe your current financial situation or anything else we need to know as we consider this application.

Please indicate your ability to pay (what amount *per lesson*). Due to limited resources everyone needs to pay something.

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

Applicant's Signature: _____ Date: _____

Parent/Sponsor/Group's Signature: _____ Date: _____

For internal use only:

Date Approved: _____ Amount: _____ Initials: _____
Notification Date: _____ Initials: _____