

# Torrey Pines Kiwanis Ski Scholarship Program

The Durango Mountain Resort, nestled in the majestic San Juan Mountains of southwest Colorado, will be your destination this winter if you are awarded a Torrey Pines Kiwanis Adaptive Skier Scholarship. Breathtaking scenery, old west charm, friendly people and an exciting experience will highlight a scholarship winner's all-expense paid trip.



The scholarships were designed to provide an opportunity for people with disabilities to discover their potential, successfully meet and overcome challenges, learn and enjoy an exciting new sport, travel and make new friends ... and most importantly, have fun! These benefits and many more have been experienced by over 500 past scholarship recipients.

The Torrey Pines Kiwanis Club has raised the ski scholarship funds through its annual event, the La Jolla Festival of the Arts. The scholarships enable people like you to learn how to ski under the careful direction of the Adaptive Sports Association (ASA) ski instructors at Durango. The ASA is one of the best ski schools for people with disabilities in the United States. The skiers will travel to Durango during January, February or March.

For your opportunity to participate in the program, please send the application (preferably by e-mail) by November 27 ... or sooner. You will be notified by December 20 if you have been awarded a scholarship.

Ross Ehrhardt, Ski Program Director  
Torrey Pines Kiwanis Foundation  
2160 Valley Lake Drive El Cajon, CA 92020  
619-990-8173  
[rossandsue@cox.net](mailto:rossandsue@cox.net)



**TORREY PINES KIWANIS FOUNDATION/ADAPTIVE SPORTS ASSOCIATION**

# Torrey Pines Kiwanis Ski Scholarship Program

## ADAPTIVE SKI SCHOLARSHIP PROGRAM APPLICATION TO QUALIFY FOR A SCHOLARSHIP YOU MUST HAVE A PERMANENT DISABILITY

Full Name (as on driver license) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

### PHYSICAL INFORMATION

1. Age \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_ Ht \_\_\_\_ Wt \_\_\_\_ Shoe Size \_\_\_\_

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

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

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. Have you had surgery in the past 2 years? If yes, give date and details of surgery

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10. Have you been diagnosed with psychological or emotional problems? Yes/No

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11. Daily mode of locomotion and adaptive equipment used regularly.  
(manual/power chair, cane, walker, transfer board, AFO, etc.?)

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

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13. If you have a leg amputation, do you use a prosthesis? Yes/No  
If you use it for sports, please describe activities.

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14. Have you experienced any problems with high altitude or physical exertion? Yes/No

15. Have you experienced any problems with cold weather? Yes/No

16. Have you experienced any problems with pressure sores? Yes/No

17. Do you have allergies? Please be specific (foods, animals, plants, etc.)

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18. What medications do you use and the reason for use. Please list any side effects or medication allergies you have experienced.

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19. What is the **exact width** of your wheelchair at **its widest point** of the wheels?

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20. Do you need a shower chair and/or an elevated toilet seat? If so, what type(s)?

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21. Dietary preferences/limitations?

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22. Have you experienced issues with incontinence or urological equipment leaking?

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## PERSONAL AND LIFESTYLE INFORMATION

1. How long have you lived in San Diego? \_\_\_\_\_

2. Do you drive? Yes/No \_\_\_\_\_

3. Have you traveled since your disability? Where to?  
\_\_\_\_\_

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?  
\_\_\_\_\_

7. Are you comfortable meeting new people? Yes/No \_\_\_\_\_

8. Are you willing to be a house guest in a volunteer "host home"? Yes/No  
(A "host home" is the home of a ski program *volunteer*. (Host families are not trained in personal care and disability issues.) **Personal care or assistance is not available** without notice prior to the ski trip.

9. Do you have any concerns or questions about staying with a "host home" family?  
\_\_\_\_\_  
\_\_\_\_\_

10. Is there any other information you would like to include that would be helpful for your "host home" family.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

12. Are you a student? Yes/No What School?  
\_\_\_\_\_

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

13. Do you have any hobbies? \_\_\_\_\_

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14. Do you smoke? Yes/No – If you state that you do not smoke ... then don't smoke.  
**Smoking is not permitted anywhere on Host Home or the Ski School properties.**

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15. Please rate your overall physical condition. Fair - Good - Excellent - Outstanding

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16. Would you be traveling with a service animal? \_\_\_\_\_

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17. Do you currently participate in physically challenging activities? Please be very specific. What activities?

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How many times per week and for how long each time?

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

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19. Have you tried to ski since your disability? Yes/No

If you skied, describe the experience and the type of equipment used.

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20. Do you have friends or family that ski? \_\_\_\_\_

21. Do you know any disabled skiers? If yes, what are their names?

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22. The scholarship ski dates for the upcoming season are tentatively set for January, February or March, 2014. Which of the months would be best for you to travel in?

1st Choice

2nd Choice

3rd Choice

23. Are there any dates that are absolutely impossible for you?

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24. If you are awarded a scholarship, would you be willing to informally tell your experiences at a Kiwanis meeting? Yes/No \_\_\_\_\_

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25. How did you hear about this skiing opportunity? \_\_\_\_\_

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The scholarship will include round-trip airfare from San Diego to Durango, Colorado, five nights lodging in the host home of Adaptive Sports Association staff/volunteers, four days of ski instruction, lift tickets and all necessary equipment.

To assure your safety, the Adaptive Sports Association requires a background check on all staff, multi-day scholarship recipients and volunteers. If you are awarded a Torrey Pines Kiwanis scholarship, references will be required and you will contact ASA to complete an on-line background check (at no cost to you). The references or check will not be required until after you have been awarded a scholarship.