

Oregon Adaptive Sports/Disabled Sports USA Scholarship Application

Please complete and return to while attending your first lesson or fax to 541-389-2402 attention OAS Scholarship Program. *Information on this page is confidential and will only be reviewed by the OAS Scholarship Committee.*

Please Print Clearly

Name _____ Home Phone _____
Address _____ Work Phone _____
City _____ State _____ Zip _____ Cell Phone _____
E-Mail _____ Disability _____
Age _____ Birth Date _____ Height _____ Weight _____ Gender _____ Ethnicity _____

I do not feel that I can afford the cost of the lessons, but would like to be a participant. Yes __ No __ (please check one)

If Participant Is A Minor

Name of Parent(s) or Legal Guardian _____
Address _____
Phone _____ Occupation _____

If participant is a student, name of school attending _____

Other Information

Help us "Spread the Word"

The Scholarship Program is designed to expose individuals and groups with disabilities to OAS. We would like to develop long-term relationships with service clubs, rehabilitation facilities, and other organizations in your locations that would embrace this scholarship program. It is **very** helpful if you have contacts or relationships with individuals or groups that could aid in these future development opportunities.

Do you have contacts with disability groups, service clubs, rehabilitation facilities, businesses, etc.? (Please list)

Are there other ways that you could assist us in spreading the word about our program and your experience with us? (media, newsletters, public speaking, etc.)

What is important to you as a participant in attending the lessons sponsored by OAS?

Signature _____ Date of Application: _____

For office use only: Scholarship Fund _____