

DELAWARE RECREATION AND PARKS SOCIETY
PETER D. ADAMS SCHOLARSHIP
APPLICATION FORM
2006 Awards Program

NAME: _____

HOME ADDRESS: _____

PHONE NUMBER: _____

SCHOOL: _____

SCHOOL ADDRESS: _____

ANTICIPATED GRADUATION DATE: _____

ON ADDITIONAL PAGES INCLUDE THE FOLLOWING INFORMATION:

1. SUMMARY OF COLLEGIATE ACADEMIC HISTORY
2. DESCRIPTION OF PROFESSIONAL WORK EXPERIENCE
3. SUMMARY OF PROFESSIONAL AND STUDENT ACTIVITIES
4. OTHER PERSONAL INFORMATION PERTINENT TO SCHOLARSHIP

ATTACHMENTS SHOULD INCLUDE: UNIVERSITY ACADEMIC TRANSCRIPT (REQUIRED)
PERSONAL RESUME (OPTIONAL)
DRPS MEMBERSHIP APPLICATION (YOU MUST BE A
MEMBER TO BE CONSIDERED FOR THIS AWARD)

RETURN BY JANUARY 27, 2006 TO: Patrick Cooper
Patrick.cooper@state.de.us