

DELAWARE RECREATION AND PARKS SOCIETY
PETER D. ADAMS SCHOLARSHIP
2011 APPLICATION FORM

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 13, 2012 TO: JAMES WAGNER
DRPS RECOGNITION AND AWARDS COMMITTEE
800 CARR ROAD
WILMINGTON, DE 19809
(302) 761-6963
James.wagner@state.de.us