



California Park & Recreation Society

Aging Services and Activities Section

Student Scholarship Application



Application must be filled out completely and received by **Friday, December 14, 2007, by 5:00 pm.**

Applicant _____ Home Phone (____) _____

Address/City/Zip _____ Work Phone (____) _____

College/University _____ Number of
Attending _____ Units in Progress _____

Major _____ Units Completed _____ Quarter/Semester (circle one)

Major _____ Units Completed _____ Quarter/Semester (circle one)

Anticipated
Graduation Date _____ Degree _____ Cumulative GPA _____

EXPERIENCE:

Current Employer _____ Job Title _____

Work hours per week _____ Immediate Supervisor _____

Worked from _____ to _____ Supervisor's Work Number (____) _____
mo/yr mo/yr

Job Responsibilities/Duties _____

Employer _____ Job Title _____

Hours of work per week _____ Immediate Supervisor _____

Worked from _____ to _____ Supervisor's Work Number (____) _____
mo/yr mo/yr

Job Responsibilities/Duties _____

Employer _____ Job Title _____

Hours of work per week _____ Immediate Supervisor _____

Worked from _____ to _____ Supervisor's Work Number (____) _____
mo/yr mo/yr

Job Responsibilities/Duties _____

List professional affiliations/clubs or organizations: _____

List other extra-curricular activities: _____

List awards and honors received: _____

What are your career objectives in the Aging Services/Recreation Field? _____

Please list the names of people whom you have selected to complete your reference forms:

1. Name of Instructor: _____ Phone Number (____) _____
2. Name of Additional Reference: _____ Phone Number (____) _____

I certify that all information on this application form is true and complete.

Applicant's Signature _____ Date _____

Submit this application form along with the following:

- resume
- unofficial or official transcripts or two recent report cards
- two references in sealed envelopes and
- ONE-PAGE STATEMENT DESCRIBING HOW THIS SCHOLARSHIP BENEFITS YOU AND HOW YOU PLAN TO CONTRIBUTE TO THE PROFESSION

Mail to:

Dr. Gonzaga da Gama
Department of Hospitality, Recreation & Tourism
Management
San Jose State University
One Washington Square
San Jose, CA 95192-0211

Questions:

Gonzaga da Gama 408-924-3009
E-mail: gonzaga@casa.sjsu.edu

Marie Crawford (562) 989-7330
E-mail: mcrawford@ci.signal-hill.ca.us

DEADLINE: FRIDAY, DECEMBER 14, 2007, 5:00 PM

(Faxed applications will not be accepted)