

**CALIFORNIA FOUNDATION FOR PARKS AND RECREATION SCHOLARSHIP
APPLICATION**

MUST BE POSTMARKED BY OCTOBER 26, 2007

The California Foundation for Parks and Recreation Scholarship Committee annually awards scholarships to junior, senior and graduate level students majoring in recreation, parks and leisure studies throughout California. Students majoring in all aspects of recreation (park operations, natural resource management, therapeutic recreation, commercial recreation, outdoor recreation, tourism, community recreation, recreation management, aquatic management, non-profit recreation management, recreational sports management and leisure studies) are eligible to apply. These scholarships are evaluated based on six overall criteria: (1) Academic Scholarship and/or achievement; (2) Professional affiliation(s) and activity; (3) Need/desire for the award; (4) Experience in the field: paid and/or volunteer (5) Leadership and professional potential; (6) References (regarding performance and potential).

GENERAL GUIDELINES:

- Must be a declared major in a Recreation/Parks/Leisure Studies degree program at a four-year college or university;
- Undergraduate candidates must have completed or be enrolled in courses that add up to a minimum of 60 units and at least 12 units in their major. **Undergraduate students must have a minimum of a 3.0 GPA in their major and an overall, cumulative GPA of 2.5.**
- Graduate candidates must have completed at least 9 units and have a GPA of 3.5 overall and in the major.
- Only information included on these forms will be considered during review by the Scholarship Committee. **DO NOT** add additional pages.
- **Use typewriter or computer generated printing only!**

Student application information/Applicant # _____ (FOR INTERNAL USE ONLY)
Please answer the following questions:

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Permanent Address (if different): _____

Name of University: _____

Faculty Advisor: _____ Phone: _____

Emphasis Area in the RLS Major (e.g., TR, Outdoor, Commercial) _____

Are you pursuing: _____ Undergraduate Degree _____ Graduate Degree (Check one)

Are you currently a member of CPRS? Yes _____ No _____ If yes, what district? _____

1. Professional/Campus involvement

Please list your previous and current involvement with **recreation-based** professional (e.g., CPRS) and/or campus organizations. **PLEASE DO NOT INCLUDE YOUR INVOLVEMENT WITH ORGANIZATIONS WHILE IN HIGH SCHOOL.** List may include committees, planning/work on events, serving as an officer, etc.

Organization/Event	What position did you hold? (e.g., member, President, Co-Chair)	Number of Year(s) served	Were you elected, appointed or a voluntary member?

1. Education Summary

Please list universities, colleges, community colleges and professional and/or trade schools attended with the most recent school experience listed first.

School	Dates Attended	Units Completed	Major/Degree

GPA in Major _____

(Must be 3.0 for undergraduates and 3.5 for graduate students)

Cumulative GPA _____ (Must be 2.5 for undergraduates and 3.5 for graduate students)

2. Paid Work Experience

Please list your paid work experience in the park, recreation and leisure services field with the most recent experience listed first.

Employer Name and Address	Job Title	Length of Employment & Hours per week	Supervisor's Name and Phone Number
Responsibilities:			

Employer Name and Address	Job Title	Length of Employment & Hours per week	Supervisor's Name and Phone Number
Responsibilities:			

Employer Name and Address	Job Title	Length of Employment & Hours per week	Supervisor's Name and Phone Number
Responsibilities:			

3. Community Service/Volunteer Experience

Please list your most significant community service/volunteer work experience in the park, recreation and leisure services field, with the most recent experience listed first.

Agency Name and Address	Job Title	Length of Service & Hours per week	Supervisor's Name and Phone Number
Responsibilities:			

Agency Name and Address	Job Title	Length of Service & Hours per week	Supervisor's Name and Phone Number
Responsibilities:			

Agency Name and Address	Job Title	Length of Service & Hours per week	Supervisor's Name and Phone Number
Responsibilities:			

4. Essay Question:

Please note: The essay is a critical part of this application process. Successful applicants will develop an essay that has the following: a clearly articulated introduction, argument and conclusion that answer the essay question.

In developing your essay, please provide a response within the space provided. Use 10 point font or higher.

Essay Question: In your past experiences, what have you done to create community through people, parks and programs and once you complete your degree, how will you create community through people, parks and programs?

5. Scholarships and Awards

Please list past scholarships and awards you have received since beginning college.

Scholarship/Award	Year Awarded	Amount Awarded

6. Certification by Student

I certify that all of the statements and information contained in this application are true and complete to the best of my knowledge. I understand that false statements of facts may subject me to disqualification. **If selected, I will attempt to attend the Awards Breakfast on Friday, February 29th in Long Beach. (The purpose of the Awards Breakfast is for students to be acknowledged and to meet the sponsors of the scholarships. We regret that you will be unable to bring a family member or guest. You will, however, receive a photo of the event to take away with you to share with family and friends.)**

Name: _____

Signature of Applicant: _____ Date: _____

Deadline: This completed application must be reviewed and submitted to your faculty advisor or scholarship coordinator at your university/college by October 15, 2007. This will allow adequate time for faculty review. It is your responsibility to meet the assigned department deadline and be certain that the completed application; letters of reference and faculty review are submitted by your faculty advisor on or before October 26th, the deadline for submission of this application. I am also aware that Campus Associated Students (ASI) on my CSU campus might make funding available for travel to the conference in February. I also know that if, because of financial hardship, I may not be able to attend the conference, I will contact my faculty scholarship representative and ask them to contact the CFPR Scholarship Committee Chair (Laura Detweiler) immediately to see if she might be of assistance.

7. University/College Review – TO BE COMPLETED BY FACULTY MEMBER

This information is to be completed by a faculty member from the university/college at which you are currently enrolled and returned as part of your application. Lack of complete and accurate information may exclude the applicant from consideration. This information will assist the Scholarship Committee in reviewing applicants/candidates for a C.F.P.R. Scholarship. All information supplied is strictly confidential.

1. Has the undergraduate student completed a minimum of 60 hours and at least 12 of those hours in the major?
 Yes ? No ?

2. Has the graduate student completed 9 units in the major?
 Yes ? No ?

3. Is the GPA information about the cumulative GPA and the GPA in the major correct?
 Yes ? No ?

4. Is the student active with your student recreation association?
 Yes ? No ?

5. How does this student compare to other student you had in the past?
 a. ___ one of the most outstanding I have known ___ b. one of the best ___ c. a very good one
 d. ___ does an average job e. ___ I would not recommend the student

I have reviewed the student’s transcripts and verify that the information contained in this scholarship application is correct. Student transcripts are not required to be included in the application package.

Department chair/coordinator: _____ Signature: _____

FACULTY RECOMMENDATION FORM—EDUCATIONAL COMPETENCIES
Please ask one of your Departmental Faculty to complete this form

To what extent does the individual demonstrate these competencies (Please circle the answer that best describes the applicant and list the point value to the right of each response):

	5	4	3	2	1	0	Points
Leadership	Excellent	Good	Fair	Average	Poor	Don’t know	_____
Academic interest and motivation	Excellent	Good	Fair	Average	Poor	Don’t know	_____
Communication Skills							
Oral	Excellent	Good	Fair	Average	Poor	Don’t know	_____

Written	Excellent	Good	Fair	Average	Poor	Don't know	_____
Team work	Excellent	Good	Fair	Average	Poor	Don't know	_____
Advocacy for Profession	Excellent	Good	Fair	Average	Poor	Don't know	_____
Academic integrity	Excellent	Good	Fair	Average	Poor	Don't know	_____
Problem-solving Ability	Excellent	Good	Fair	Average	Poor	Don't know	_____
Advocate for Diversity	Excellent	Good	Fair	Average	Poor	Don't know	_____
Works well with Diverse groups	Excellent	Good	Fair	Average	Poor	Don't know	_____
Knowledgeable about key issues that affects the field	Excellent	Good	Fair	Average	Poor	Don't know	_____
Critical thinker	Excellent	Good	Fair	Average	Poor	Don't know	_____
University service	Excellent	Good	Fair	Average	Poor	Don't know	_____
Community service	Excellent	Good	Fair	Average	Poor	Don't know	_____

Please convert your rankings (e.g., excellent, good, fair, etc.) into numerical scores above and provide a total for this student. Thank you.

Point Total _____

Applicant Name: _____

Please provide us with the following information:

Name: _____ **Phone #:** _____

Title: _____ **University:** _____

Signature: _____ **E-mail:** _____

PROFESSIONAL RECOMMENDATION FORM
Professional Competencies in a Paid or Volunteer Position
Please ask a former or current supervisor to complete this form and submit it with your application

To what extent does the individual demonstrate these competencies (Please circle the answer that best describes the applicant and list the point value to the right of each response):

	5	4	3	2	1	0	Points
Leadership	Excellent	Good	Fair	Average	Poor	Don't know	_____
Academic interest and motivation	Excellent	Good	Fair	Average	Poor	Don't know	_____
Communication Skills							
Oral	Excellent	Good	Fair	Average	Poor	Don't know	_____
Written	Excellent	Good	Fair	Average	Poor	Don't know	_____
Team work	Excellent	Good	Fair	Average	Poor	Don't know	_____
Advocacy for Profession	Excellent	Good	Fair	Average	Poor	Don't know	_____
Academic integrity	Excellent	Good	Fair	Average	Poor	Don't know	_____
Problem-solving Ability	Excellent	Good	Fair	Average	Poor	Don't know	_____
Advocate for Diversity	Excellent	Good	Fair	Average	Poor	Don't know	_____
Works well with Diverse groups	Excellent	Good	Fair	Average	Poor	Don't know	_____
Knowledgeable about key issues that affects the field	Excellent	Good	Fair	Average	Poor	Don't know	_____
Critical thinker	Excellent	Good	Fair	Average	Poor	Don't know	_____
University service	Excellent	Good	Fair	Average	Poor	Don't know	_____
Community service	Excellent	Good	Fair	Average	Poor	Don't know	_____
Please convert your rankings (e.g., excellent, good, fair, etc.) into numerical scores above and provide a total for this student. Thank you.							Point Total _____

8. How does this student compare to other student/employees you had in the past?

- a. ___ one of the most outstanding I have known ___ b. one of the best ___ c. a very good one d. ___ does an average job e. ___ I would not recommend the student

Applicant Name _____

Please provide us with the following information:

Name: _____ **Phone #:** _____

Title: _____ **Agency:** _____

Signature: _____ **E-mail:** _____

Student Notification Form

Please detach this page from your application form and return it separately from your formal application. You should make a copy of the application you have submitted and retain it in a safe place. This is to protect your application in the event that it gets lost en route to the scholarship committee.

I _____ have submitted my complete scholarship application to my department on _____.

Submitted to: _____ Title: _____

Student Information:

Name: _____ Telephone: _____

Permanent address if different than on page 1 of this application: _____

Permanent telephone if different than on page 1 of this application: _____

Some scholarships are made available to students from various racial/ethnic backgrounds. If you would like to be considered for one of these scholarship, please provide your racial/ethnic background? _____

Name of University: _____

Address: _____ City: _____ Zip: _____

Student Signature: _____

Your completed application must be turned into a faculty member per the department's established date and mailed to the C.F.P.R. Scholarship Committee by October 26, 2007.

Mail this form to:
Laura Detweiler
City of Cypress
5700 Orange Avenue
Cypress, CA 90630
(714) 229-6780

Email a digital photograph to:
LDETWEILER@CI.CYPRESS.CA.US