Howard Sommer/C. W. Kirkland
Professional Development Award Application

Please PRINT or TYPE all information.

Name: _____
(Last) (First)

Permanent Address: _____
(Street)

_____
(City) (State) (Zip)

Telephone: _____

College/University: _____

Academic Advisor: _____ Phone: _____

Overall G.P.A.: _____ (Attach a current transcript.)

Are you a Mississippi resident? ❒ Yes ❒ No

Signature of academic advisor verifies GPA and current full-time enrollment as parks, recreation and leisure services major.

_____ _____
Signature Date

Return to:

MRPA
PO Box 16451
Hattiesburg, MS 39404