

**WOMEN'S AUXILIARY**  
National Funeral Directors And Morticians Association, Inc.

**SCHOLARSHIP APPLICATION**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Marital Status:**         **Married**         **Single**

**Name of Sponsor:** \_\_\_\_\_

**Education Record:**

**High School:** \_\_\_\_\_ **Year of Graduation:** \_\_\_\_\_

**College/University:** \_\_\_\_\_ **Year of Graduation:** \_\_\_\_\_

**Mortuary School Where Accepted:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** (    ) \_\_\_\_\_

**Source of information about this scholarship:** \_\_\_\_\_

**Work experience in the mortuary profession:**

**(1) Firm:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Length of experience (months/years):** \_\_\_\_\_

**(2) Firm:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Length of experience (months/years):** \_\_\_\_\_

