The Board of Directors of the National Funeral Directors and Morticians Mortuary Scholarship Fund Inc., is pleased to offer the National Funeral Directors and Morticians Mortuary Scholarship Fund Scholarships to mortuary science students who have successfully completed their first semester in an accredited program. National Funeral Directors and Morticians Mortuary Scholarship Fund will award two $__________ scholarship in 20__, based on merit as determined by a review panel of National Funeral Directors and Morticians Mortuary Scholarship Fund board members. We hope you will share this information with your students.

To be eligible, applicants must:

1. Be currently enrolled in a mortuary science degree program at an accredited mortuary school and completed the first semester of studies
2. Have a cumulative GPA of 3.0 or higher.
3. Be involved in community service activities and school activities.
4. Demonstrate excellence in the pursuit of knowledge in mortuary science.
5. Commit to working for an independently owned funeral home.

Feel free to contact us at (773) 783-2520 if you have any questions or comments. Thank you in advance for assisting us in reaching your students.

Sincerely,

Eva Cranford, Scholarship Committee Chair
Venus N. R. Smith, CFSP, Scholarship Committee Co-Chair
Scholarship Application

Applicant Information

First Name_________________ Middle Initial_______ Last Name______________________ Student ID#____________________________

Birth Date: ______/____/____ Are you a US Citizen ☐ Yes ☐ No Gender: ☐ Male ☐ Female

Street Address_________________________________________________________ Apt. ______________

City_________________________ State/Province________________________ Zip/Postal________

Telephone (___)____________________ E-mail_________________________ @____________________

Funeral Home Affiliation

Fill out the information below if affiliated with a funeral home.

Funeral Home _______________________________________________________________________________________

Street Address___________________________ Apt. ___________________

City_________________________ State/Province________________________ Zip/Postal________

Telephone (___)____________________ E-mail_________________________ @____________________

Academic Information

In what mortuary school or college are you enrolled? ____________________________

Student ID#_________________________ City & State or Province____________________

School’s terms (check one) Quarters or Trimesters ___________ Semesters ___________ Other __________

What is your enrollment status? (Check one) Full-Time ___________ Part-Time ___________

When did you begin your studies? _____/____/_____ When do you expect to graduate? ___/___/_____

What is your Grade Point Average? (GPA): __________ (Specify scale if not 4.0)______________________

Who is your faculty advisor or program director? Name__________________________ Telephone (___) __________

Funeral Service Related Activities

Are you related to anyone who owns a funeral home? No _______ Yes __________

If yes, what is our relationship to owner? ____________________________________________________________________
Please list any clubs, organizations or activities you are involved with that relate to funeral service:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Essay

Please answer the following Question in 150 words or less: What inspired you to enter the ministry of Funeral Service? What gifts and talents will you bring to enhance the ministry of Funeral Service?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Signature

Your signature indicates that the information submitted in this application is accurate to the best to your knowledge.

__________________________________________________________  _______________________________________
Applicant’s Signature                                      Date