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): ______________________
Write a brief statement describing your reason for entering this profession:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Enter accurate comments concerning your financial need. Use a separate sheet of paper, if necessary.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

This application must be accompanied by:

a) a personal photo

b) a letter of reference/recommendation (excluding relatives) from each of the following: (i) a licensed funeral director (preferably a member of NFD&MA) and (ii) a friend, counselor, school official, or clergyman.

Return this application and all materials by June 30th of the current year to:

Odessa P. Johnson
WANFD&MA Scholarship Chr.
816 Sand Ridge Road
Birmingham, AL 35211