



## Scholarship Application *Continues*

Work Experience in the Mortuary Profession:			
Firm Name:		Phone:	
Address:	City:	State:	Zip:
City:	State:	Zip:	
Length of Experience (months/years):	Supervisor's Name:		

Give us a brief statement describing your reason for entering this profession:

Give us accurate comments concerning your financial need:

**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, Inc.) and
  - (ii) a friend, counselor, school official, or clergyman.

**Return this application and all materials by June 30<sup>th</sup> of the current year to:**

**Dr. Christal Whitfield CFSP**  
NFDMA Ladies Auxillary Scholarship Committee  
2636 Bush Blvd.  
Birmingham, AL 35208