

Scholarship Application

Applicant Information					
Full Name: First	Middle	Last	Suffix		
Address:	City:	State:	Zip:		
Date of Birth:	Cell Phone:	Alternate Phone:			
Email Address:					
Marital Status: Married	Single				
Name of Sponsor:					
Education Record:					
High School:		Year of Graduation :			
City:	State:	Phone:			
College/University		Year of Graduation :			
City:	State:	Phone:			
Mortuary School:		Year of Graduation :			
City:	State:	Phone:			
Where did you receive inform	nation about this scholarship?:				
Work Experience in the Mortu	ary Profession:				
Firm Name:		Phone:			
Address:	City:	State:	Zip:		
City:	State:	Zip:			
Length of Experience (months/y	ears):	Supervisor's Name:			

Scholarship Application Continues

Work Experience in the Mortuary Profession:						
Firm Name:	lame: Phone:					
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Address:	City:	State:	Zip:			
City:	State:	Zip:				
Length of Experience (months/years): Supervisor's Name:						
Give us a brief statement des	coribing your reason for entering th	sis profession:				
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 30th of the current year to:

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