

NEW HAMPSHIRE FUNERAL DIRECTORS AND EMBALMERS ASSOCIATION

PO Box 531, Laconia, NH, 03246

NHFDA FUNERAL SERVICE SCHOLARSHIP APPLICATION

Name: _____ NH Apprentice #: _____

Address: _____

Telephone: _____ Email: _____

Funeral Home: _____

Sponsoring NH Funeral Director Name & License #: _____

Funeral Service / Mortuary Science School: _____

Address: _____

Telephone: _____

Is the applicant currently in their last semester? ☐ Yes ☐ No

If no, please explain:

GPA: _____ Year of Graduation: _____

Please include a copy of your transcript with your application.

Sponsoring Director Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Please return the complete form to the Executive Director:
NHFDA P.O. Box 531, Laconia, NH 03246 | glenn@nhfda.org