

**THE WEST VIRGINIA FUNERAL DIRECTORS ASSOCIATION
SCHOLARSHIP APPLICATION**

Please Type or Print

A. Personal Information:

Name: _____

Mailing Address: Street or Box _____

City: _____ State: _____ Zip: _____

Location Address (if different) : Street or Box _____

City: _____ State: _____ Zip: _____

Telephone: Home _____ Work _____

Date of Birth _____ Place of Birth: _____

Citizenship Status: U. S. _____ Other (specify) _____

Dependents: (Number and ages) _____

B. Parent's Information (complete only if you are declared a dependent on your parent's federal income tax form for the last year)

Father's Name' _____ Deceased? _____

Address: Street or Box: _____

City: _____ State: _____ Zip: _____

Father's Occupation _____

Name of Company _____

Annual Income (1040 form, line 32, of last year) _____

Mother's Name _____ Deceased? _____

Address: Street or Box: _____

City: _____ State: _____ Zip: _____

Mother's Occupation _____

Name of Company _____

Annual Income (1040 form, line 32, of last year) _____

Other Dependents in family:

Name:	Age	College last year?	Fees paid by parents?
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_____	_____	_____	_____
_____	_____	_____	_____

C. Personal Financial Statement: Your estimated expenses and the support you expect to receive during the next school year.

Support:	Expenses:
Yourself: _____	Tuition: _____
Parents: _____	Room: _____
Friends, Relatives: _____	Board: _____
Personal Savings: _____	Other (list) _____
Academic year job: _____	_____
Summer employment: _____	_____
Other (VA, Rehab, etc.) _____	_____
Total Support: _____	Expenses: _____

D. Spouse's Information (If applicable)

Name : _____

Address: (if other than yours): Street or Box _____

City: _____ State: _____ Zip: _____

Occupation: _____

Name of Company _____

Annual Income (1040 form, line 32 of last year) _____

E. Your Employment Status (If applicable)

Occupation: _____

Name of Company _____

Annual Income (1040 form, line 32, of last year) _____

F. Educational Background

High School	Years attended	Year graduated
_____	_____	_____
_____	_____	_____

Colleges	Years attended major	Year graduated
_____	_____	_____
_____	_____	_____

Other educational experiences you consider important for us to know about, if any, (i.e., military, international, etc.)

G. Military Background (If any)

Branch _____ Period of Service _____ Rank Obtained _____

Date of Discharge _____ Type _____

H. Funeral Service Education Information

Mortuary College you are attending: _____

If not already enrolled, have you applied for admission? _____

Have you been admitted? _____

Date your studies commence or commenced: _____

Expected date of graduation _____ Diploma or Degree? _____

I. School and Community Activities:

School activities _____ Dates of Participation _____ Hrs. per week _____

Civic/Church activities _____ Dates of Participation _____ Hrs. per week _____

J. Work Experience: list jobs including summer employment

Job Held Employer _____ Dates of Employment _____ Hrs. per week _____

For Office Use
Date received _____
Sent to committee _____
Date accepted _____
Date rejected _____

The balance of the application requires narrative answers designed to help the scholarship committee know you and your plans. Please use separate sheets of paper for your answers.

K. Choosing your career: Describe the process you used and the experiences you underwent in your decision to enter the funeral service profession. Also, describe your plans for getting started after graduation.

L. Tell us about yourself: Write a brief essay telling the committee about yourself (books of interest to your experiences which had a significant impact on you, special people and why they are special to you, or any other things you care to tell us)

M. All applicants must submit the following:

a. Complete and return the Scholarship form to:

The West Virginia Funeral Directors Association
400 Allen Drive, Suite 20
Charleston WV 25302

b. Have a letter of recommendation submitted to the above address from someone close enough to comment on the applicant's personal qualifications and professional promise.

c. Have a transcript of all high school work submitted to the office listed above.

d. Have transcripts of all college work attempted sent to the above address

N. The scholarship committee, in its deliberations, takes into careful consideration many factors about each applicant including:

1. Financial Need
2. Academic Performance
3. Extracurricular and/or community activities
4. Recommendations submitted
5. Articulateness of scholarship application itself

O. I certify that the above information is true and can be verified by proper documentation, if required:

Your signature: _____

Date: _____

Be sure, also, to have the required academic transcripts and a letter of recommendation sent to the above address.