

NATIONAL FUNERAL DIRECTORS & MORTICIANS MORTUARY SCHOLARSHIP FUND, INC.

CRITERIA FOR SCHOLARSHIP APPLICANTS

The funeral service education scholarship program has been established to provide capable young men and women with scholarship assistance in obtaining their education.

The amount of the scholarship depends upon the amount of interest accrued by the Fund. Only the interest can be used for scholarships.

Recipients will be selected on the basis of their high school records, financial need and/or other indications of character and leadership. They are to be selected by the officers and members of the board of directors of the National Funeral Directors & Morticians Mortuary Scholarship Fund, Inc.

Recipients must be a high school graduate, and preferably worked in or has had one year of apprenticeship at a funeral home. A basic course in chemistry and biology is preferred.

Scholarship payments will be submitted directly to the college of the recipient's choice upon satisfactory evidence of their acceptance and matriculation.

The recipient may select a college or university offering a curriculum in mortuary science accredited by the American Board of Funeral Service.

The following items are to be submitted with your application

1. Completed application.
2. A letter of recommendation from a sponsoring funeral home.
3. A letter of recommendation from someone who knows the applicant.
4. A full resume
5. A letter written by applicant stating reason for request.
6. A copy of your high school or college transcript. (must come directly from the school.)
7. A small photo of yourself or our records.
8. The name and address of the Dean of the college of your choice.
9. Application must be received by June 30, 2011.

Incomplete application will not be considered

MAIL TO

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Chicago, Illinois 60620
(773) 783-2520

**NATIONAL FUNERAL DIRECTORS & MORTICIANS
MORTUARY SCHOLARSHIP FUND, INC.**

SCHOLARSHIP APPLICATIONS

Name of Applicant _____

Male: _____ Female: _____ Age: _____

Home Address _____

Street City State Zip Code

Present Mailing Address _____ Phone _____

Date of Birth _____ Place of Birth _____

Married () Divorced () Single () Number of Dependents () No. of Sibling ()

Name and age of dependents _____

Are you employed? Yes () No () Give Annual Income _____

Name of employer _____

Address of employer _____

Father's Name _____ Mother's Name _____

Annual Income of Father _____ Annual Income of Mother _____

How did you learn of our fund? _____

Were you referred? _____ If yes give name _____

Are you employed: Yes () No () If yes give annual income _____

Educational Background:

High School: _____

College: _____

Other: _____

Signature of Applicant: _____ Date: _____