

WOMEN'S AUXILIARY
National Funeral Directors And Morticians Association, Inc.

SCHOLARSHIP APPLICATION

Date: _____

Name: _____ **Phone** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Marital Status: **Married** **Single**

Name of Sponsor: _____

Education Record:

High School: _____ **Year of Graduation:** _____

College/University: _____ **Year of Graduation:** _____

Mortuary School Where Accepted: _____

Address: _____

Phone: () _____

Source of information about this scholarship: _____

Work experience in the mortuary profession:

(1) Firm: _____

Address: _____

Length of experience (months/years): _____

(2) Firm: _____

Address: _____

Length of experience (months/years): _____

