

**Georgia Funeral Service Practitioners Association  
2009 Scholarship Program**

**The Georgia Funeral Service Practitioners Association** has established a scholarship fund to provide scholarship awards to full-time students enrolled in accredited colleges of mortuary science. Scholarship amounts will be determined annually by the organization. The number of awards may vary each year. The selection of recipients is competitive and recipients must meet the established criteria. All awards are paid directly to the mortuary school to be applied toward tuition. **Applications must be received by the committee by April 20, 2009. Applicants submitting late or incomplete applications will be eliminated from the competition.**

**CRITERIA**

**To be eligible for an award, a student must:**

1. Have completed at least one of the last three quarters as a full-time student in a program of Mortuary Science education or funeral service accredited by the American Board of Funeral Service Education.
2. Have demonstrated responsibility with a good attendance record and minimum grade point average of 3.0 on a 4.0 scale (B average).
3. Have demonstrated qualities of professionalism which are needed for success in funeral service.
4. Be a citizen of the United States.

**PROCEDURES AND REQUIREMENTS**

Students who are enrolled in one of the last three quarters of mortuary school may apply. The applicant must:

1. **Submit**
  - a. **Official college transcripts** of all college credits with the college seal
  - b. **Two letters** of recommendation from
    - 1) A **member** of the Georgia Funeral Service Practitioners Association
    - 2) An **instructor** of the mortuary school where the student is enrolled or a **mortuary employer or supervisor** where the student is or has been employed.
  - c. A **one-page typed essay** which expresses interest in funeral service, including background information that may indicate future success in funeral service.
  - d. A recent **photo**
  - e. A completed **application form**.
2. **Return the application package by April 20, 2009** to Mrs. Elois Wyche Saucer, Chairperson, 3569 Springside Drive, Decatur, Georgia 30032.
3. Be **interviewed** by the Scholarship Committee.

**GEORGIA FUNERAL SERVICE PRACTITIONERS ASSOCIATION**

**SCHOLARSHIP APPLICATION FORM**

**I. PERSONAL INFORMATION**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Citizenship Status: \_\_\_\_\_ US \_\_\_\_\_ Other \_\_\_\_\_ (Specify \_\_\_\_\_)

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced

Dependents: Names and ages \_\_\_\_\_

\_\_\_\_\_

**II. PARENTS' INFORMATION (Complete only if you are declared a dependent on your parents' Federal Income Tax Form for the last year.)**

Father's Name \_\_\_\_\_ Deceased? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Deceased? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Other dependents in family:

Name	Age	College	Fees paid by parents
_____			
_____			

III. Spouse's Information (if applicable)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

IV. Education and Military Background

High School	Years Attended	Year Graduated
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\_\_\_\_\_

Colleges	Years Attended	Year Graduated
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\_\_\_\_\_

\_\_\_\_\_

Degrees Received (include majors and years)

\_\_\_\_\_

\_\_\_\_\_

Military Background

Branch	Period of Service	Highest Rank
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V. Achievements and Awards/Community Activities (use separate page if needed)

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VI. Employment Background

Job Held	Employer	Dates of Employment	Hours per week
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VII. Current Employment Status

Job Held	Employer	Dates of Employment	Hours per week
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VIII. Funeral Service Education

ABFSE School you are attending \_\_\_\_\_

Date your studies began there \_\_\_\_\_

Expected date of graduation \_\_\_\_\_

Degree \_\_\_\_\_

IX. Give a brief description of the funding of your funeral service education (i.e. financial aid, grants, loans, scholarships, etc.) Please provide your reasons for applying for this scholarship.

I understand that the information provided is being used in consideration for a scholarship award. I hereby certify that all information is accurate and can be verified by documentation. I have included the following:

\_\_\_\_\_ Recent Photo

\_\_\_\_\_ All official college transcripts

\_\_\_\_\_ Two letters of recommendation from instructor or employer and a member of Georgia Funeral Service Practitioners Association (non-relatives)

\_\_\_\_\_ Completed application

\_\_\_\_\_ Essay expressing interest and experience in funeral service

Signature \_\_\_\_\_ Date \_\_\_\_\_

Cell # \_\_\_\_\_ e-mail \_\_\_\_\_

