APPLICATION FOR SCHOLARSHIP GRANT
ARKANSAS FUNERAL DIRECTORS ASSOCIATION SCHOLARSHIP **FUND**

Applicants will receive consideration without discrimination because of race, creed, color, sex, age, marital status, national origin or handicap

Name (in full):_____
(First) (Middle) (Last)

Permanent/Legal Address: _____
(Street)

_____
(City) (State) (Zip)

Telephone number where you can be reached or a message left:_(_____)_____

High School or graduation_____ Year:_____

_____
(City) (State) (Zip)

College/s Previously Attended:

Name:	Year	Credit Hours	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current College Matriculation:

Name:	Credit Hours	Cumulative Grade Point Average
_____	_____	_____

Scholastic Honors
High School:_____

College: _____

Most Current Employer:_____

Apprenticeship Completed:_____

Special Skills and/or Hobbies:_____

I CERTIFY that to the best of my knowledge, the information contained in this application is correct and complete. It is my intent to continue my mortuary college education and to enter the field of funeral service upon successful completion of professional education, examination and licensure. I authorize the Scholarship Committee to contact those persons and/or institutions listed hereon and in the letters of recommendation.

SIGNED:_____ DATE:_____ WITNESS:_____