



## UNDERGRADUATE SCHOLARSHIP APPLICATION

### A. Personal Information:

Name: \_\_\_\_\_  
Permanent Address: Street or Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Current Address (if different): Street or Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Citizenship Status: US \_\_\_\_\_ Other (specify) \_\_\_\_\_  
Marital Status: Married \_\_\_ Single \_\_\_ Separated \_\_\_ Divorced \_\_\_  
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: \_\_\_\_\_  
Address: Street or Box \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Father's Occupation: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_  
Address: Street or Box \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mother's Occupation: \_\_\_\_\_  
Other Dependents in Family:  
Name:            Age:    College last year?    Fees paid by parents?  
\_\_\_\_\_  
\_\_\_\_\_

### **Note: Applications must be accompanied by one of the following:**

If you are declared as a deduction on your parents' income taxes, you must provide the committee with a photocopy of page 1 of your parents' 1040 Form for last year.

If you are **not** declared as a deduction on your parents' income taxes, you must provide the committee with a photocopy of page 1 of your own 1040 Form for last year.

**C. Personal Financial Statement:** Explain how you are planning to pay for your Mortuary Science education. Be sure to include estimated expenses (*i.e. tuition, room and board, etc.*) and support (*i.e. occupation income, parental support, personal savings, grants and loans, etc.*) for the next school year.

**Please include your response on a separate page. Be sure to TYPE your response.**

**D. Spouse's Information:** (*if applicable*)

Name: \_\_\_\_\_

Address (*if other than yours*): Street or Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**If spouse files a separate tax return, you must provide a photocopy of page 1 of his/her 1040 Form for last year.**

**E. Educational/Military 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.*)

\_\_\_\_\_

Military Background (*if any*)

Branch	Period of Service	Rank Obtained
_____	_____	_____

**F. School and Community Activities:**

School Activities	Dates of Participation	Hrs. Per Week
_____	_____	_____
_____	_____	_____

Civic/Church Activities	Dates of Participation	Hrs. Per Week
_____	_____	_____
_____	_____	_____

**G. Funeral Service Education Information:**

School you are attending: \_\_\_\_\_  
Date your studies there began: \_\_\_\_\_  
Expected date of graduation: \_\_\_\_\_ Diploma or Degree? \_\_\_\_\_

**H. Work Experience:** List jobs, including summer employment.

Job Held	Employer	Dates of Employment	Hrs. Per Week

**I. Tell Us About Yourself:** *(required)*

Write a brief essay telling the committee enough to help us feel we know you (books of interest to you, 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). Also, describe the process you used and experiences involved in your decision to enter the funeral service profession.

**Please include your essay on a separate page. Be sure to TYPE your essay.**

**J. Letter of Recommendation:** *(required)*

Submit a TYPED letter of recommendation from someone other than a faculty member or mortuary college official on appropriate letterhead stationery.

**K. College Transcripts:** *(required)*

Submit a copy of your transcript from every college you have attended *(even though you may not have graduated)*.

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

Your Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Mail or fax completed form to:  
Funeral Directors Life Insurance Company  
Attn: Scholarship Committee  
6550 Directors Parkway Abilene, Texas 79606  
Phone: (325) 695-3412 Fax: (325) 695-7840**

**★ Scholarship Application Due by June 1st or January 1st ★**