



FUNERAL
DIRECTORS
LIFE

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 as a dependent on your parents' most recent federal income tax form)

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 dependent on your parents' income tax return, you must provide the committee with a photocopy of pages 1 and 2 of your parents' most recent Form 1040.

If you are **not** declared as a dependent on your parents' income tax return, you must provide the committee with a photocopy of pages 1 and 2 of your own most recently filed Form 1040.

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 pages 1 and 2 of his/her most recently filed Form 1040.

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 email completed form to:
Funeral Directors Life Insurance Company
Attn: Scholarship Committee
6550 Directors Parkway | Abilene, Texas 79606
Phone: (325) 695-3412 | Email: marketing@funeraldirectorslife.com**

*** Scholarship Application due by January 1st, April 1st, July 1st, or October 1st ***