

MORTUARY SCIENCE SCHOLARSHIP AWARD APPLICATION

NAME _____ Phone _____

Full Mailing Address _____

How long have you lived at this address _____ Social Security # _____

Previous Address _____

Employer _____

Employer's Address _____

Immediate Supervisor _____ Telephone Number _____

How long were you employed there? (Years and Months) _____

Previous Employer _____

Address _____

Immediate Supervisor _____ Telephone number _____

How long were you employed there? (Years and Months) _____

HIGH SCHOOL EDUCATION

Name of High School _____

Year of Graduate _____ What was your average grade? _____

COLLEGE OR UNIVERSITY (circle highest year of college completed, if applicable) 1 2 3 4 5 6 7

Degree received? Yes No Date Degree(s) received _____

Name of degree(s) _____

Name and address of school _____

Date attended: From _____ To _____ Transcript must be attached

MORTUARY SCIENCE EDUCATION

Name of school now attending _____

Address _____

Date started: _____ How many credit hours have you completed? _____

Anticipated completion date: _____ Your student number _____

PERSONAL REFERENCES

Name _____

Address _____ Telephone _____

Occupation _____

Name _____

Address _____ Telephone _____

Occupation _____

PROFESSIONAL REFERENCES

Name _____

Address _____ Telephone _____

Occupation _____

Name _____

Address _____ Telephone _____

Occupation _____

I state I am a legal resident of Connecticut and have resided in Connecticut for a minimum of twelve (12) months and my presence during this twelve month period was not for the purpose of temporary residence due to enrollment in an institution of higher education.

I further certify that to the best of my knowledge the information contained in this application is correct and complete. It is my intention to continue my mortuary science education and to enter the field of funeral service in the state of Connecticut upon successful completion of professional education, examination and licensure.

Signature of applicant

Date