

SCHOLARSHIP APPLICATION

Indiana Funeral Education Foundation

Name _____ (Maiden Name) _____

Permanent Address _____

(include City, State and Zip Code)

Current Address (if different) _____

(include City, State and Zip Code)

Date of Birth _____ Place of Birth _____

Citizen Status _____ Marital Status _____

HIGHSCHOOLEDUCATION

High School/City _____

Years Attended _____ Year Graduated _____

COLLEGE OR UNIVERSITY EDUCATION

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

Name of Degree _____

Name of School _____

Dates attended: From _____ To _____

MILITARY BACKGROUND (if any)

Branch of Service _____

Period of Service _____ Rank Obtained _____

FUNERAL SERVICE EDUCATION

College you will attend or are attending _____

Date your studies commence or commenced _____

Anticipated graduation date _____

WORK EXPERIENCE

Position	Employer	Dates of Employment
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SCHOOL AND COMMUNITY ACTIVITIES

Activity	Dates of Participation
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I certify that the above information is true and can be verified by proper documentation, if required. It is my intention to continue my mortuary science education and to enter the field of funeral service in the state of Indiana upon successful completion of professional education, examination and licensure.

Signature _____ Date _____