

THE FLORIDA MORTAICIANS ASSOCIATION, INC.

Legacy Scholarship Application

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
(include city, state, zip code)

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cellular: (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Name of Mortuary School: \_\_\_\_\_

Anticipated Date of Graduation: \_\_\_\_\_

GPA: \_\_\_\_\_ Are you a second year student in mortuary science: \_\_\_\_\_

What funeral home are you affiliated with? \_\_\_\_\_

Address of funeral home: \_\_\_\_\_

Community Involvement: \_\_\_\_\_

\_\_\_\_\_  
Explain how you became interested in mortuary science and what are your plans? (150 words or less: attach another sheet.)

Why do you believe you should receive the FMA. Inc. Legacy Scholarship? (150 words or less; attach another sheet.)

**Certification:** (please initial on the line preceding the statement, and insert the what district you represent.)

\_\_\_\_\_ I am a legal resident of the State of Florida.  
\_\_\_\_\_ I am the nominee from District \_\_\_\_\_  
\_\_\_\_\_ I certify that at the best of my knowledge the information contained in this application is correct and complete.  
\_\_\_\_\_ I am committed to the funeral service profession, and upon successful completion of school and receipt of my professional licensure I will work toward the betterment of the funeral service profession.  
\_\_\_\_\_ I certify that I am submitting a 1) complete application, 2) proof of registration, and an 3) official transcript for use by The Scholarship Committee. I understand that the three items listed above become the property of The Florida Morticians Association, Inc. and will not be returned.

\_\_\_\_\_  
Please print your name in full

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of District Chairman

\_\_\_\_\_  
Date

**PLEASE DO NOT WRITE BELOW THIS LINE:**

**For use by Mr. Darrell Lawrence, Executive Secretary, FMA., Inc.**

Date application received: \_\_\_\_\_ (initial)

Date official transcript received: \_\_\_\_\_ (initial)

Date proof of registration received: \_\_\_\_\_ (initial)

Mr. Lawrence will submit the completed applications to the Scholarship Committee for determination of the recipient.