



**FROM THE DESK OF  
THE SCHOLARSHIP COMMITTEE CHAIR  
KaTina N. Davis, CFSP**

**Florida Morticians Association Legacy Scholarship Program**

The mission of the Florida Morticians Association, Inc. is: “to serve as we would be served—with integrity, fairness, and compassion.” The association was founded in 1924. We are committed to educational excellence, and in keeping with this commitment, the association will present two (2) scholarships to qualified degree seeking students who are in their second year of mortuary science and currently attending an accredited School of Mortuary Science in the State of Florida. The student must be nominated by one of the three districts within the association and have a minimum of a 2.5 grade point average. District chairpersons are asked to sign the application verifying the applicant was selected by and represents their respective district.

Funds will be awarded at the discretion of the Florida Morticians Association’s Scholarship Committee and will be made payable to the college. If the financial obligations for the ensuing semester have been satisfied, said funds will be reimbursed the student. A completed application, a sealed official transcript and proof of registration are required.

Applications, accompanied by supporting documents are to be submitted to Mr. Darrell Lawrence, Executive Secretary, The Florida Morticians Association, Inc. 818 W. Brevard Street, Tallahassee, Florida 32304 and **must be postmarked no later than March 1<sup>st</sup>** (NO EXCEPTIONS.) Incomplete application packages will not be reviewed and will be eliminated from consideration.

Below you will find the scholarship committee member and the school that they have been assigned to. Please do not hesitate to contact the assigned committee member with any questions that you may have.

**Florida State College at Jacksonville / Saint Petersburg College – Mr. Jamarien Moore (407) 947-4994**

**Miami Dade College – Mr. Timothy E. Kitchens (561) 844-8744 OR Mr. Mario Hearn (305) 757-9000**

Mr. Rodney Rocker, Sr., President  
Mr. Tommy Hayes, III, Chairman of the Board  
Mr. Darrell Lawrence, Executive Secretary  
**Ms. KaTina N. Davis, CFSP Scholarship Chairperson**



Date of Application: \_\_\_\_\_

## Legacy Scholarship Application

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_, FL, \_\_\_\_\_  
CITY ZIP CODE

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

Cell Phone: ( ) \_\_\_\_\_

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

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

Anticipated Date of Graduation: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Are you a second year degree seeking student currently enrolled in mortuary science? Yes / No

Are you currently affiliated with a funeral home? Yes / No

If yes, name and address of the funeral home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**\*In 150 words or less, please explain how you became interested in mortuary science and what are you plans post graduation. (Please type and use a separate sheet)**

**\*In 150 words or less please tell us why you feel that you should be a recipient of the Florida Morticians Association, Inc. Legacy Scholarship? (Please type and use a separate sheet)**

**Certification:** (Please initial statement if applicable. The designated committee member for your District will insert the District number that you represent at the end of the 2<sup>nd</sup> statement.)

\_\_\_\_\_ I am a legal resident of the State of Florida  
\_\_\_\_\_ I am the nominee from District \_\_\_\_\_  
\_\_\_\_\_ I certify that the information that I provided on this application is true to the best of my knowledge  
\_\_\_\_\_ I am committed to the funeral service profession and upon successfully 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 ALL of the following:  
          Complete Application  
          Proof of Registration in the Funeral Service Program  
          Official Transcript for use by the Scholarship Committee  
          Recent photo of applicant  
\_\_\_\_\_ I understand that the three items listed above that is submitted to the Scholarship Committee becomes the property of the Florida Morticians Association, Inc. and will not be returned.

\_\_\_\_\_  
Name of Application (Please Print)

\_\_\_\_\_  
Signature of Application

\_\_\_\_\_  
Signature of Committee Chair

\_\_\_\_\_  
District #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of District Chair

\_\_\_\_\_  
District #

\_\_\_\_\_  
Date

**PLEASE DO NOT WRITE BELOW THIS LINE**

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For use by: Executive Secretary of the Florida Morticians Association, Inc.

Date application received: \_\_\_\_\_

Date official transcript received: \_\_\_\_\_

Date proof of registration received: \_\_\_\_\_

Completed applications will be submitted to the Scholarship Committee for review and determination of the recipient.