



**FROM THE DESK OF
THE SCHOLARSHIP COMMITTEE CHAIR
KaTina N. Davis-Law, CFSP
Email: FMAlegacyscholarship@aol.com**

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, which is composed of mostly African American men and women, 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 have successfully completed a minimum of 22 credit hours of mortuary science courses and is 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 will be required in order for your application to be considered.

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 1st** (NO EXCEPTIONS.) Incomplete application packages will not be reviewed and will be eliminated from consideration. Once you have received your decision letter and are chosen as a recipient, it is your responsibility to provide us with the information from your school as to where the scholarship funds are to be sent. Please email that information to FMAlegacyscholarship@aol.com.

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.

FL State College at Jacksonville / Saint Petersburg College – Mr. Jamarien Moore, CFSP (407) 947-4994

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

Bishop Russell Allen Wright, Sr. President
Mr. Rodney Rocker, Sr., Chairman of the Board
Mr. Darrell Lawrence, Executive Secretary
Ms. KaTina N. Davis-Law, 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: _____

Have you successfully completed a minimum of 22 credit hours of mortuary science courses?
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 2nd statement.)

_____ I am a legal resident of the State of Florida
_____ I am a nominee from District _____ (If applicable)
_____ 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 towards the betterment of the funeral service profession
_____ I certify that I am submitting ALL of the following:
 Completed 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 four 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

Date

Signature of District Chair (If applicable)

District #

Date

PLEASE DO NOT WRITE BELOW THIS LINE

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.