



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 2<sup>nd</sup> 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**

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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.