

THE FUNERAL DIRECTORS ASSOCIATION OF KENTUCKY
SCHOLARSHIP APPLICATION

A. Personal Information:

Name: _____
Mailing Address: Street or Box _____
City: _____ State: _____ Zip: _____
Location Address (if different): Street or Box _____
City: _____ State: _____ Zip: _____
Telephone: Home: _____ Work: _____
Date of Birth: _____ Place of Birth: _____
Citizenship Status: U.S. _____ Other (specify) _____
Marital Status: Married _____ Single _____ Separated _____ Divorced _____
Dependents: (Number and ages) _____

B. Parents Information (complete only if you are declared a dependent on your parent's federal income tax form for the last year.)

Father's Name: _____ Deceased? _____
Address: Street or Box _____
City: _____ State: _____ Zip: _____
Father's Occupation: _____
Name of Company _____
Annual income (1040 form, line 32, of last year) _____
Mother's Name: _____ Deceased? _____
Address: Street or Box _____
City: _____ State: _____ Zip: _____
Mother's Occupation: _____
Name of Company _____
Annual income (1040 form, line 32, of last year) _____
Other Dependents in Family:
Name: _____ Age: _____ College last year? _____ Fees paid by parents? _____

C. Personal Financial Statement (Your estimated expenses and the support you expect to receive during this school year):

Support:	Expenses:
Yourself: _____	Tuition: _____
Parents: _____	Room: _____
Friends, Relatives: _____	Board: _____
Personal Savings: _____	Other (list): _____
Academic Year Job: _____	_____
Summer Employment: _____	_____
Other (VA, Rehab, etc.): _____	_____
Total Support: _____	Expenses: _____

D. Spouse's Information (if applicable):

Name: _____

Address (if other than yours): Street or Box _____

City: _____ State: _____ Zip: _____

Occupation: _____

Name of Company: _____

Annual Salary (1040 form, line 32 of last year): _____

E. Your Employment Status (if applicable):

Occupation: _____

Name of Company: _____

Annual Salary (1040 form, line 32, of last year): _____

F. Educational Background:

High School	Year Attended	Year Graduated
Colleges	Years Attended Major	Year Graduated

Other educational experience you consider important for us to know about, if any (i.e., military, international, etc.):

G. Military Background (if any):

Branch	Period of Service	Rank Obtained

Date of discharge: _____ Type: _____

H. Funeral Service Education Information:

ABFSE School you are attending: _____

If not already enrolled, have you applied for admission? _____

Have you been admitted? _____

Date your studies commence or commenced: _____

Expected date of graduation: _____ Diploma or degree? _____

(Must have completed 3 semesters of Mortuary College to be eligible for scholarship)

I. School and Community Activities:

School activities	Dates of participation	Hours per week
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Civic/Church activities	Dates of participation	Hours per week
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J. Work Experience (list jobs including summer employment):

Job Held	Employer	Dates of Employment	Hours per week
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THE BALANCE OF THE APPLICATION REQUIRES NARRATIVE ANSWERS DESIGNED TO HELP THE SCHOLARSHIP COMMITTEE KNOW YOU AND YOUR PLANS. PLEASE USE SEPARATE SHEETS OF PAPER FOR YOUR ANSWERS.

K. Choosing your career: Describe the process you used and the experiences you underwent in your decision to enter the funeral service profession. Also, describe your plans for getting started after graduation.

L. Tell us about yourself: Type a brief essay telling the committee about yourself (books of interest to you, experiences which had a significant impact on you, special people and why they are special to you or any other things you care to tell us.)

M. Other things which you feel the committee should know (if any).

N. All applicants must submit the following:

1. Complete and return the Scholarship form to:

The Pat R. Caniff Scholarship Foundation Committee
PO Box 4779
Frankfort, Kentucky 40604-4779

2. Have a letter of recommendation submitted to the above address from someone close

enough to comment on the applicant's personal qualifications and professional promise.

3. Have an official transcript of all high school work submitted to the office listed above.
4. Have official transcripts of all college work attempted sent to the above address.

O. The Scholarship Committee, in its deliberations, takes into careful consideration many factors about each applicant including:

1. Financial Need
2. Academic Performance
3. Extracurricular and/or Community Activities
4. Recommendations Submitted
5. Articulation of Scholarship Application Itself

P. I certify that the above information is true and can be verified by proper documentation, if required:

Your signature: _____

Date: _____

ALSO, BE SURE TO HAVE THE REQUIRED ACADEMIC TRANSCRIPTS AND A LETTER OF RECOMMENDATION MAILED TO THE ADDRESS LISTED

Submit Application To:

The Pat R. Caniff Scholarship Foundation
PO Box 4779
Frankfort, KY 40604-4779

For Committee Use Only

Date Received:

Sent to Committee:

Date Accepted:

Date Rejected: