



2018 Family Support Services Scholarship Application

The **Connecticut Funeral Directors Association (CFDA)** will award eight (8) \$500 scholarships (one in each Connecticut county) to students interested in pursuing careers in a profession that provides emotional or medical support to families. This includes funeral service, social services, psychology, psychiatry, nursing, medicine, social work or gerontology.

All applicants must meet the following basic criteria:

- **Be a High School Senior** who will graduate in June 2018;
- **Live in Connecticut;**
- **Be pursuing a career in that supports families**, such as funeral service, social services, psychology, psychiatry, nursing, medicine, social work, gerontology or a related profession; and
- **Have maintained at least a B grade point average in the 10th, 11th and 12th grades.**

APPLICATIONS MUST BE SUBMITTED BY FRIDAY, APRIL 13, 2018

This application form must be filled out completely, and be neat and legible.

APPLICANT'S INFORMATION:

NAME _____ PHONE _____

FULL MAILING ADDRESS _____

COUNTY _____

DATE OF BIRTH (month/day/year) _____

MOTHER'S (or guardian's) NAME _____

HOME ADDRESS (if different from yours) _____

FATHER'S (or guardian's) NAME _____

HOME ADDRESS (if different from yours) _____

SCHOOL NOW ATTENDING (Name/Town) _____

EXPECTED GRADUATION DATE (month/day/year) _____

LIST COLLEGES ACCEPTED AT _____

COLLEGE YOU WILL ATTEND THIS FALL _____

ANTICIPATED MAJOR _____

You must attach your most recent available transcript with the application, indicating classes taken and grades received.

(GO TO NEXT PAGE, PLEASE)

SCHOOL ACTIVITIES & COMMUNITY SERVICE

Organization

Type of Involvement

Dates Involved

WORK EXPERIENCE (include Summer and part-time jobs)

Employer, address

Type of Job

Dates Worked

AWARDS RECEIVED

1. _____

2. _____

The following question must be completed in an attached essay for you to be eligible (essay should be no more than 500 words):

“WHY DID YOU DECIDE TO PURSUE A PROFESSION THAT SUPPORTS FAMILIES?”

I certify that the information provided in this application and its attachments is true.

Applicant: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____

**SUBMIT YOUR COMPLETED & SIGNED APPLICATION WITH YOUR TRANSCRIPT
BY FRIDAY, APRIL 13, 2018 TO:**

**Connecticut Funeral Directors Assn., Attn: Scholarships
364 Silas Deane Hwy., Wethersfield, CT 06109**

(Must be postmarked no later than Friday, April 13, 2018)

QUESTIONS? PLEASE CALL 860-721-0234 or visit www.ctfda.org