

Family Support Services Scholarship Application

The **Connecticut Funeral Directors Association** 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 such professions as counseling, social services, psychology, psychiatry, nursing, medicine, social, gerontology and funeral service.

All applicants must meet the following basic criteria:

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

THE DEADLINE FOR APPLICATIONS IS FRIDAY, APRIL 11, 2008

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/date/year) _____

LIST COLLEGES ACCEPTED AT _____

COLLEGE YOU'LL ATTEND THIS FALL _____

ANTICIPATED MAJOR _____

Please attach your most recent available transcript, indicating classes taken; grades received, and class rating.

(GO TO NEXT PAGE, PLEASE)

SCHOOL ACTIVITIES & COMMUNITY SERVICE

| Organization Involved | Kind of Involvement | Dates |
|-----------------------|---------------------|-------|
|-----------------------|---------------------|-------|

WORK EXPERIENCE (include summer and part-time jobs)

| Employer, address Worked | Kind of Job | Dates |
|--------------------------|-------------|-------|
|--------------------------|-------------|-------|

AWARDS RECEIVED

1. _____
2. _____

HOW DID YOU COME TO DECIDE TO PURSUE A PROFESSION THAT SUPPORTS FAMILIES?
(Attach sheet of paper if you need additional space) This section must be completed to be eligible.

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

Applicant: _____ **Date:** _____

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

Please return the completed and signed application and transcript to:
Connecticut Funeral Directors Association, Attention: John Cascio,
364 Silas Deane Highway, Wethersfield, CT 06109

QUESTIONS ABOUT THIS APPLICATION? CALL (860) 721-0234