



• 1011 East Main Street • Suite 400 • Richmond • Virginia • 23219 •  
Phone: (804) 264.0505 • Fax: (804) 264.3260

# 2010 Past Presidents Council Scholarship Application

## Qualifications for the Scholarship:

1. Virginia resident.
2. Employed and endorsed by a VFDA member firm.
3. Explanation of financial need.
4. 2.0 grade point average (on 4.0 scale)
5. Professional attitude.
6. Written essay with the theme: "Why I Chose Funeral Service as My Profession."  
No less than 200 words and not to exceed 300 words.
7. Submit application and essay by **May 21, 2010**.
8. Funds to be mailed to school/college when enrolled.
9. If already in school, funds will apply to the next term. Must use within 2 years.

Scholarship(s) will be awarded each year based on the amount previously approved by the Past Presidents Council.

Applicants will receive consideration without discrimination because of race, creed, color, sex, age, marital status, national origin or handicap.

Name (First/Middle/ Last) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Firm \_\_\_\_\_ Endorsement Signature \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

High School Graduate or G.E.D. (Date) \_\_\_\_\_

School Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Continued**



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## VFDA 2010 Past Presidents Council Scholarship Application (Continued)

Name of Applicant \_\_\_\_\_

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### **College(s) Attended**

(1) Name of Institution \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Semester/Quarter Hours Completed \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

(2) Name of Institution \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Semester/Quarter Hours Completed \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

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### **Current College Matriculation**

Name of Institution \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Semester/Quarter Hours Completed \_\_\_\_\_ Cumulative Grade Point Average \_\_\_\_\_

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### **Employment**

Name of Employing Firm \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Duties Performed \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### **Current Extracurricular Activities**

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\_\_\_\_\_

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### **Special Skills and/or Hobbies**

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\_\_\_\_\_  
\_\_\_\_\_

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I certify that to the best of my knowledge the information contained in this application is correct and complete. It is my intention to continue my Mortuary College Education and to enter the field of Funeral Service upon successful completion of professional education, examination and licensure.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Witnessed \_\_\_\_\_

(Employer)

Fax or mail this form to:

VFDA, 1011 East Main Street Suite 400, Richmond, Virginia 23219  
Phone (804) 264-0505 Fax (804) 264-3260 Email: [lwhittaker@vfda.net](mailto:lwhittaker@vfda.net)