

Virginia Funeral Sales Association  
P.O. Box 395  
Hanover, Virginia 23069  
Phone: (804) 264-0505 Fax: 804-264-3260  
info@vfsa.net

## Scholarship Application

**Applicant**

**Name:** \_\_\_\_\_  
Last First Middle

**Mailing**

**Address:** \_\_\_\_\_  
Street City State Zip Code

**Telephone:**( ) \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Date Of Birth:** \_\_\_\_\_

**Education:** High School, College and/or Equivalent:

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Name	Address	Dates attended (graduation date)
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**Current School of Funeral Service:** \_\_\_\_\_

Do you qualify to be a Funeral Service Intern in the Commonwealth of Virginia as defined by the Board of Funeral Directors and Embalmers? Yes \_\_\_\_\_ No \_\_\_\_\_

**Are you currently a Funeral Service Licensee?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name and address of the firm employed by: \_\_\_\_\_  
\_\_\_\_\_

**Additional Comments/Awards:** \_\_\_\_\_  
\_\_\_\_\_

**Check List:**

Application \_\_\_ Essay \_\_\_ (2) Letters of Reference \_\_\_  
Proof of Paid National/State Board Licensing Exam \_\_\_ Unofficial Transcript \_\_\_

I affirm the information provided on and in this package is true to the best of my knowledge. I further commit that if I should discontinue my participation in the Funeral Service Program (the scholarship year), I will return this scholarship in its entirety.

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_