

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:

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:** _____