



## Florida Funeral Directors Association

# Doug Stowell Funeral Service Scholarship Fund

Applications accepted on a continual basis

***Sponsored by Funeral Services Inc.***

1200 Thomasville Road (32303) • P.O. Box 13407 • Tallahassee, FL 32317 • [www.FSItrust.com](http://www.FSItrust.com)  
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## For Scholarship or Membership Information

Call FFDA at (800) 226-3332.

## Scholarship Award Application

The Florida Funeral Directors Association is committed to excellence in funeral service education. This scholarship award program has been established to support that commitment by providing scholarship funds that are awarded to qualified students of Mortuary Science Programs in an accredited Mortuary Science school who plan to serve the profession in the State of Florida.

All scholarships will be awarded at the discretion of the Scholarship Committee of the Florida Funeral Directors Association. Awards will be based on application information, academic record, and the evaluation of the required essays. The decision of the scholarship committee will be final. The committee reserves the right not to make the award if there are no applicants or if the applicants do not meet the standards of the committee. All awards will be made prior to the beginning of each full semester (Fall & Winter).

Notification of the award will be mailed to the student along with the scholarship funds. The funds awarded to the student are to be used at the discretion of the student for tuition, supplies, books, or items deemed necessary for the continuation of the mortuary science program.

The denominations to be awarded twice a year will be decided annually by the Board. Acceptable proof of legal Florida residency is voter registration card, driver's license, Florida Resident ID.

## Eligibility Criteria

1. The applicant must have completed 30 credit hours in an accredited mortuary science school with no "D" grade in any mortuary science required class, and the student must have an overall GPA of not less than 2.5.
2. The applicant must be a legal resident of the State of Florida.
3. The applicant must be a student member of the Florida Funeral Directors Association.
4. The applicant must submit:
  - The completed application
  - Current college transcript or letter stating GPA from the Program Chairman.
  - Two (2) proofs of Florida residency
  - One (1) five hundred word essay
5. The application form and essays must be typed and double-spaced.

## Essay

**“Choosing Your Career”:** Describe the process you used and the experiences you underwent in your decision to enter the funeral service profession and give your perception of the value of the funeral. Also, tell the Scholarship Committee about yourself and why you will make a great funeral service professional.

## Doug Stowel Funeral Service Scholarship Fund Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ How long have you worked there? \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ How long did you work there? \_\_\_\_\_

## High School Education

Circle highest grade completed: 7 8 9 10 11 12

Do you have a GED or equivalent? \_\_\_\_\_

What was your GPA? \_\_\_\_\_

## College or University

Circle year completed: 1 2 3 4 5 6 7

Degree received?  Yes  No Date degree received: \_\_\_\_\_

Name of Degree: \_\_\_\_\_

Name of School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

## Mortuary Science Education

Name of school you are attending: \_\_\_\_\_

Date started: \_\_\_\_\_ How many credit hours have you completed? \_\_\_\_\_

Anticipated completion date: \_\_\_\_\_ Student Number: \_\_\_\_\_

## Personal References

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Professional References

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**I am a legal resident of Florida and have resided in Florida for a minimum of twelve (12) months.**

**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 science education and to enter the field of funeral service in the State of Florida upon successful completion of professional education, examination, and licensure.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Florida Funeral Directors Association

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