

# FCCFA ICCFAU SCHOLARSHIP APPLICATION

## A. Scholarship Questionnaire

**Applicants should submit their typed answers on a separate sheet of paper, identifying each question by number and restate the question.**

1. Why did you enter the death care service profession?
2. Describe the responsibilities and duties of your current position.
3. List any community service or professional associations in which you are currently active and explain your participation.
4. What other continuing education courses have you taken in the past two years?
5. Describe your philosophy of customer service.
6. What are your long-range professional goals?
7. What areas of additional training are you looking to receive at the ICCFAU?

## B. Requirements

1. All applicants must currently be a full-time employee of a FCCFA firm member for at least one (1) year.
2. Applicants can hold any position within the funeral home, cemetery and/or crematory.
3. Applicants must submit the application information by May 1st to the FCCFA office:  
FCCFA ICCFAU Scholarship Application, P.O. Box 10727, Tallahassee, FL 32302

## C. Personal Data

Name: \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_

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

Firm: \_\_\_\_\_

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

Firm Phone #: (\_\_\_\_) \_\_\_\_\_ Firm Fax #: (\_\_\_\_) \_\_\_\_\_

Current Position: \_\_\_\_\_ Title: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

Length of Time Employed: \_\_\_\_\_ Position: \_\_\_\_\_

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

Length of Time Employed: \_\_\_\_\_ Position: \_\_\_\_\_

Education (include current courses of study, if applicable):

School: \_\_\_\_\_

Location: \_\_\_\_\_

Course of study: \_\_\_\_\_ Completion Date: \_\_\_\_\_

School: \_\_\_\_\_

Location: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Completion Date: \_\_\_\_\_

## D. Applicant Certification of Intent

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

I hereby certify that:

A. I have personally completed this FCCFA ICCFAU Scholarship application and to the best of my knowledge, the information is correct and complete.

B. If awarded an FCCFA ICCFAU Scholarship for the year, I understand that I will forfeit the scholarship if I am unable to attend.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

## E. Employer Certification of Support

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

I hereby certify that:

A. As the applicant's employer, I support the applicant in applying for the FCCFA ICCFAU Scholarship and will provide paid time off if applicant receives scholarship.

B. As the applicant's employer, I understand that the FCCFA ICCFAU Scholarship tuition will be fully funded, but that compensation, travel, hotel, food costs and other expenses will be the responsibility of the employer and/or employee.

**EMPLOYER'S SIGNATURE:** \_\_\_\_\_