

Erie Niagara Funeral Directors Association Scholarship Award

GUIDELINES

All applications must be received by _____ and filled out in its entirety to be considered.

1. Applicant must be a resident of **Western New York**.
2. Applicant must be accepted into a certified **New York State** Mortuary School's program.
3. Applicant must have a minimum average of 80 percent for each succeeding period of eligibility.
4. Applicant must submit to an interview by the awards committee if requested to do so.
5. Award Amount: \$ 250.00 - _____ maximum per year, to be determined by Award Committee based on need.

The Association encourages all students to apply.

Completed applications should be sent to:

ERIE NIAGARA FUNERAL DIRECTORS ASSOCIATION
PO Box 221
Buffalo, NY 14201
erieniagarafda@gmail.com
716-852-0404

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This scholarship award has been created to support, encourage and motivate Western New York youth who have made the decision to pursue a career in the funeral service industry.

The applicant must submit a letter of verification from the Registrar's Office to certify enrollment and must remain in good standing academically, maintaining an 80% or higher average for each succeeding period of eligibility.

To continue eligibility for the scholarship award, an application must be filed each school year.

Please fill in all information requested.

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____

DATE OF HIGH SCHOOL GRADUATION: _____

MORTUARY SCHOOL YOU WILL BE ATTENDING: _____

ADDRESS: _____

HAVE YOU BEEN ACCEPTED FOR THE NEXT SCHEDULED SESSION _____

TOTAL NUMBER OF CHILDREN IN YOUR FAMILY RESIDING AT HOME: _____

TOTAL FAMILY INCOME FROM ALL SOURCES (LAST YEAR): _____

DO ANY OF YOUR BROTHERS OR SISTERS ATTEND COLLEGE: _____

IF YES, HOW MANY AND WHERE: _____

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WILL YOU BE THE RECIPIENT OF ANY OTHER SCHOLARSHIPS OR AWARDS THIS YEAR: _____

STATE BRIEFLY ANY CIRCUMSTANCES WHICH MIGHT HAVE SOME INFLUENCE OVER THE COMMITTEE'S FINAL DECISION:

PLEASE OBTAIN AT LEAST TWO LETTERS OF REFERENCE AND SUBMIT THEM WITH YOUR APPLICATION.

IF CALLED, WILL YOU BE AVAILABLE FOR AN INTERVIEW BY THE AWARDS COMMITTEE?

SIGNATURE OF APPLICANT: _____

DATE: _____

Applications are processed and reviewed by the ERIE NIAGARA FUNERAL DIRECTORS SCHOLARSHIP COMMITTEE. All decisions are final.

COMMITTEE USE ONLY

() All information has been verified, proof of enrollment has been received, and applicant has met all requirements for the Scholarship Award.

() Applicant has not met the requirements for the Scholarship Award (explain):

For the Scholarship Committee:

() Scholarship Award approved () Scholarship Award denied

() Scholarship Award withheld pending further information.

Date _____ Chairman: _____

Notes:

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