

SCCFA 2019 Scholarship Application

A. Scholarship Questionnaire

Submit all answers on a separate sheet of paper. Answers must be typed and double spaced. Identify each question below by number, and repeat the question prior to answering. Do not write your name on the answer sheet. Each answer sheet will be given a number before being submitted to the Scholarship Committee to keep the identities anonymous.

1. Why did you enter the cemetery or funeral industry?
2. Describe the duties and responsibilities of your current position.
3. List any community service or professional associations in which you are currently active and explain your participation.
4. What continuing education courses have you taken in the past year?
5. Describe your philosophy of customer service.
6. What are your long-range professional goals?

B. Personal Data

Name: _____ Home phone# (____) _____
Home Address: _____

Member Firm:

Address: _____

Firm telephone #(____) _____ Firm Fax #(____) _____

E-Mail address _____ Length of employment _____

Current Position _____ Title _____

Previous Employment:

• **Employer** _____ Telephone _____

Address _____

Position _____ Length of employment _____

• **Employer** _____ Telephone _____

Address _____

Position _____ Length of employment _____

Education (include current courses of study if applicable):

• **School** _____

Location _____

Course of Study _____ Completion Date _____

• **School** _____

Location _____

Course of Study _____ Completion Date _____

C. Certification of Intent

Name _____

I hereby certify that:

A. This Southern Cemetery, Cremation and Funeral Association Scholarship application has been personally completed by myself, and to the best of my knowledge, the information contained herein is correct and complete.

B. If awarded the SCCFA Scholarship for the year 2019, I am able to attend the ICCFA University program at the Fogelman Conference Center in July 19-24 of 2019 in Memphis, TN and am still employed by the sponsoring member firm on that date, or I will forfeit the scholarship.

SIGNATURE _____

Please return completed application to:

SCCFA ~ PO Box 681053 ~ Marietta, GA 30068 or email to sccfa.office@gmail.com