



### **Cemeterian Scholarship**

The FCCFA Foundation Cemeterian Scholarship Fund awards one scholarship annually in the amount of \$300.00 for an FCCFA member (or one of their employees) to attend a cemetery-related educational event, such as ICCFA-U or the FCCFA Maintenance Expo.

#### **Background:**

The Jacksonville Area Cemeteries established a reward fund over 20 years ago for information leading to the arrest and conviction of vandals perpetrating illegal acts in local cemeteries. A few rewards were paid off over the first few years and then the vandalism, thankfully, reduced to a level that no longer required the funds. The remaining funds were provided to the FCCFA Foundation by the Jacksonville Area Cemeteries to provide a funding source that encourages and enables cemetery professionals to continue their career in cemetery maintenance.

To be considered for this scholarship, please fill out the attached application and return it to the FCCFA office no later than **May 25th**. Email applications, preferably as a PDF attachment, to [jbrewton@executiveoffice.org](mailto:jbrewton@executiveoffice.org).

For further questions regarding the scholarship contact the FCCFA office at (800) 226-3332 or [jbrewton@executiveoffice.org](mailto:jbrewton@executiveoffice.org).

# CEMETERIAN SCHOLARSHIP APPLICATION

## A. Scholarship Questionnaire

**Applicants should submit their answers on a separate sheet of paper.**

1. Describe the responsibilities and duties of your current position.
2. List any community service or professional associations in which you are currently active.
3. What other continuing education courses have you taken in the past two years?
4. What areas of additional training are you looking to receive?

## B. Requirements

1. All applicants must currently be an employee of an FCCFA firm member (funeral home, cemetery or crematory).
2. Applicants must have a minimum of 90 days experience in the death care industry.
3. Applications are due May 25<sup>th</sup> at the address above or to [jbrewton@executiveoffice.org](mailto:jbrewton@executiveoffice.org).

## C. Personal Data

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

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

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

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

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

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

Previous Employment:

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

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

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

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

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

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

## D. Applicant Certification of Intent

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

I hereby certify that:

- A. I have personally completed the application and to the best of my knowledge, the information is correct.
- B. If awarded the Scholarship, 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 as the applicant's employer, I support the applicant in applying for the scholarship and will provide paid time off if applicant receives scholarship. I also understand that the scholarship will be in the amount of \$300. Additional expenses will be the responsibility of the employer and/or employee.

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