



Academic Scholarship

The FCCFA Foundation Academic Scholarship Fund awards one scholarship annually in the amount of \$1,250 to a spouse, son, daughter or legal dependent of a full-time employee of an FCCFA firm member. The scholarship award can be used towards tuition only.

To be considered for this scholarship, please fill out the attached application and return it to the FCCFA office with a copy of your official transcript no later than **April 1st**.

For further questions regarding the scholarship contact the FCCFA office at (800) 226-3332 or elane@executiveoffice.org.

The FCCFA Foundation Academic Scholarship Fund

APPLICATION AND REQUIREMENTS

The FCCFA Academic Scholarship Fund is established to provide tuition only, to be distributed annually. The following are the criteria for consideration and selection:

1. Be a spouse, son, daughter or legal dependent of a full-time employee of an FCCFA firm member (funeral home, cemetery or crematory) or a Supplier Member;
2. Have a 3.0 overall GPA through current school work;
3. Be a high school senior eligible to enroll in college for the following fall semester or a current full-time degree-seeking student;
4. **APPLICANTS INTENDING TO PURSUE THE DEATH CARE PROFESSION WILL BE GIVEN PREFERENCE.**
5. You may apply multiple times, however first and second time applicants will take preference;
6. Individuals can only receive the scholarship twice;
7. Submit a one-page typed 250 word essay on why you deserve this scholarship;
8. Send this application along with a copy of applicant's **official** transcript and all required information to the FCCFA office by **April 1st**.

PLEASE NOTE: If you are a high school senior and have been selected to receive this scholarship and are not yet enrolled in the college of choice; it is YOUR responsibility to notify the FCCFA office when you have become enrolled. Scholarship funds will be forwarded to the school **ONLY** once you are enrolled.

SCHOLARSHIP APPLICATION

1. Applicant Name: _____ Age: _____
2. Address: _____ Phone: _____
3. Relationship to FCCFA Member: _____ Name of Member: _____
4. College you are enrolled or wish to attend: _____ Check if not yet accepted
5. Email: _____ SSN or University Student #: _____
6. Field of study/Concentration In (be specific): _____
Why chosen: _____
7. High School/Address: _____
Year Graduated: _____ Class Standing: _____ Current GPA: _____
College Major Subjects: _____
Community/Volunteer Involvement: _____
Clubs, Activities, Offices Held, etc.: _____
8. Are you presently employed? Part-time: _____ Summer: _____ Where: _____
9. How are you planning to obtain your college education if you do not receive one of our scholarships?

Please include a one-page typed 250 word essay as to why you should receive this scholarship.

Applicant's Signature: _____ Date: _____

Please send to: FCCFA Scholarship Fund, 325 John Knox Rd Ste L103, Tallahassee, FL 32303 or fax to (850) 222-3019. Please call (800) 226-3332 for questions. **Application must be received by the FCCFA office no later than April 1st.**