



MISSISSIPPI FUNERAL DIRECTORS AND MORTICIANS
ASSOCIATION, INC.
CAILTON SHAFFER SCHOLARSHIP
APPLICATION FORM

I. PERSONAL INFORMATION

Name _____ Phone Number _____

Permanent Address _____

City _____ State _____ Zip Code _____

Current Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Place of Birth _____

Citizenship Status: _____ US _____ Other _____ Specify _____

Marital Status: _____ Single _____ Married _____ Separated _____ Divorced

Dependents: Names and ages _____

II. Spouse's Information (if applicable)

Name _____

Address _____

City _____ State _____ Zip Code _____

Occupation: _____

Name of Employer: _____

III. Education and Military Background

High School	Years Attended	Year Graduated
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Colleges Years Attended Year Graduated

Degrees Received (include majors and years)

Military Background

Branch Period of Service Highest Rank

IV. Achievements and Awards/Community Activities (use separate page if needed)

V. Employment Background

Job Held Employer Dates of Employment Hours per week

VI. Current Employment Status

Job Held Employer Dates of Employment Hours per week

VII. Funeral Service Education

*ABFSE School you are attending _____

Date your studies began there _____

Expected date of graduation _____

Degree _____

IX. Give a brief description of the funding of your funeral service education (i.e. financial aid, grants, loans, scholarships, etc.) Please provide your reasons for applying for this scholarship.

I understand that the information provided is being used in consideration for a scholarship award. I hereby certify that all information is accurate and can be verified by documentation. I have included the following:

_____ Recent Photo

_____ All official college transcripts of college work completed

_____ Two letters of recommendation from instructor or employer and a licensed funeral director/funeral service (No Scholarship Foundation members)

_____ Completed application

_____ Essay expressing interest and experience in funeral service

Signature _____ Date _____

Cell # _____ E-mail _____

*Must be a full time student and resident of MS, enrolled in Mortuary Science at an accredited college or university in the state of MS.