

ALABAMA FUNERAL DIRECTORS ASSOCIATION, INC.
PMB 380, 7956 Vaughn Rd
Montgomery, Alabama 36116
Phone (334) 956-8000 FAX (334) 956-8001

Retainment of Scholarship

In submitting this application for the Alabama Funeral Directions Association Scholarship Award and in the event that I am chosen as the recipient of this award, I do hereby agree to the following stipulations:

1. I must remain in school where I was enrolled when the scholarship was granted. Should I change colleges and desire a scholarship at another school, I must have approval of the Scholarship Committee.
2. I must display the same traits and characteristics required when the scholarship was awarded.
3. I must maintain satisfactory work and good conduct while attending school and receiving the scholarship.
4. Upon receipt of a degree in Mortuary Science, I shall return to the State of Alabama for employment.
5. It is further agreed, should I violate any of the above stipulations, the scholarship awarded to me shall then become a loan that is re-payable to the AFDA. Interest will be added to the amount of the loan and a repayment schedule will be negotiated between the Scholarship Committee of the AFDA and myself. I fully understand that the AFDA shall have the right to take legal action to collect the said loan if repayment is not completed.

Signed: _____

Date: _____

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Scholarship Application

Name of Applicant _____ Date of Application _____

Address _____ Age _____ Date of Birth _____

City, State, Zip Code _____

Marital Status _____ Name of Spouse _____

Social Security Number _____ Telephone Number _____

Parents Name _____ Telephone Number _____

Address _____ City, State, Zip Code _____

Occupation of Parents _____

Present Employment _____

Past Employment _____

Experience in Funeral Services _____

Name of Sponsor _____ (Must be funeral home owner or operator.)

Funeral Home _____ Telephone Number _____

Address _____ City, State, Zip Code _____

License # of Sponsor: Embalmers _____ Funeral Directors _____

Embalming College Attending _____ When _____

I understand that there may be scholarship money available through the Alabama Funeral Directors Association, Inc., and I therefore make application for the maximum amount available. I understand that the association must approve this scholarship, and if granted to me, an explanation of the scholarship will be explained to me in a separate agreement.

Signature of Applicant _____

Signature of Sponsor _____

Please return to the above address.