

# **OFDA Scholarship Eligibility** **and Application**

Each year, the Ohio Funeral Directors Association (OFDA) awards scholarships to students enrolled in mortuary school.

To qualify, applicants must be registered in a mortuary science program during the 2015-2016 academic year. **Students are encouraged to practice as a licensed funeral director in Ohio.**

Recipient of scholarship is selected by the OFDA Scholastic Assistance Committee, following review of application and a personal interview. Please review eligibility and application requirements:

1. Applicant must be attending a mortuary science program for the fall 2015 semester.
2. Scholarship is to help cover the costs of mortuary school; preparatory programs are not eligible.
3. Applicant must provide three (3) letters of recommendations – one (1) must be from a licensed funeral service professional – only one (1) can be from current Mortuary college staff (if applicable).
4. Applicants are **required** to participate in an in-person interview. All interviews will be held at the OFDA office in Columbus, OH.
5. A completed application must include: completed application, copy of official college transcripts, and three (3) letters of recommendations.

**INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.**

**SUBMISSION DEADLINE: JULY 31, 2015**

## **Disclosure**

Scholarships are awarded at the discretion of the Ohio Funeral Directors Association, Scholastic Assistance Committee. Awards are not based solely on applications. OFDA has the right to deny applicant an award if the scholarship standards are not met.

The Ohio Funeral Directors Association treats all scholarship applicants without regard to race, sex, age, color, national origin or ancestry, religion, political affiliation, veteran status, disability or handicap, affectional or sexual orientation, or marital status.

# OFDA Scholarship Application

## Section I – Personal Statistics

Full Legal Name \_\_\_\_\_

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

Street/PO Box

\_\_\_\_\_  
City, State, Zip

Phone Number (\_\_\_\_\_) \_\_\_\_\_

Current Address \_\_\_\_\_

(If different than permanent)

Street/PO Box

\_\_\_\_\_  
City, State, Zip

Phone Number (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Are you a citizen of the United States? Yes\_\_\_\_ No\_\_\_\_

Have you served in the U.S. Armed Forces? Yes\_\_\_\_ No\_\_\_\_

If yes, which branch and for how many years:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony? Yes\_\_\_\_ No\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# OFDA Scholarship Application

## Section II – Scholastic Information

Please note that a copy of your most recent college transcript must accompany this application or must be sent directly to OFDA. If you are unable to obtain an official copy by the application deadline, send an unofficial copy with this application. You must, however, bring an official copy with you if you are invited to an interview with the Scholastic Assistance Committee.

### College or University

Name of School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree: \_\_\_\_\_ GPA: \_\_\_\_\_

Name of School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree: \_\_\_\_\_ GPA: \_\_\_\_\_

### High School Attended:

Name of School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree: \_\_\_\_\_ GPA: \_\_\_\_\_

Name of School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree: \_\_\_\_\_ GPA: \_\_\_\_\_

### Extracurricular Activities:

---

---

---

### Honors and Awards:

---

---

---

### Community or Civic Activities:

---

---

---



# OFDA Scholarship Application

## Section IV– Employment History

Please indicate your employment history below. Although it is only necessary to include information on the most recent four-year period, feel free to include any pertinent information including any personal experience you may have in the funeral service profession.

### **Non-Funeral Service Employment:**

Employer	Position	Salary	Dates of Employment
----------	----------	--------	---------------------

---

---

---

### **Funeral Service Employment (if applicable):**

Employer	Position	Salary	Dates of Employment
----------	----------	--------	---------------------

---

---

---

Indicate the average number of hours you work per week: \_\_\_\_\_

Do you plan to continue working while attending mortuary college? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where, and at what rate of pay?

---

If married, does your spouse work? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

If yes, where, and at what rate of pay?

---

If your spouse is not presently employed, does he/she plan to work while you are enrolled in school?

Yes \_\_\_\_\_ No \_\_\_\_\_

List the name(s) of any individual who is dependent upon your earnings, and indicate to what extent.

---

---

---

---



# OFDA Scholarship Application

## Section VI – Verification

To the best of my knowledge, the information presented on this application, and on the enclosed college transcript is accurate.

I hereby give the Scholastic Assistance Committee, staff, and the Board of Directors of the Ohio Funeral Directors Association, permission to use the material in this application, the attached college transcript and letters of recommendation, for the sole purpose of evaluating my qualifications and ability to compete for an award by the Ohio Funeral Directors Association.

Applicant's signature: \_\_\_\_\_

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

**Please note: The following material must accompany this application for consideration of any scholastic assistance.**

- **Official college transcripts – copy accepted**
- **Three (3) letters of recommendation – one (1) must be from a licensed funeral service professional. Only one (1) can be from a current mortuary college staff person.**

**This completed application and above material must be returned to the OFDA office by July 31, 2015**

**Mail: Ohio Funeral Directors Association  
2501 North Star Road  
P.O. Box 21760  
Columbus, OH 43221**

**E-mail scanned items to: [laura@OFDAonline.org](mailto:laura@OFDAonline.org)**

