

SCCFA 2025 Scholarship Application for ICCFA University

A. Scholarship Questionnaire

Submit answers to the following questions on a separate sheet. Answers must be typed and double spaced. Identify each question below by number, and repeat the question prior to answering. Do not write your name on the answer sheet. Each answer sheet will be given a number before being submitted to the Scholarship Committee to keep the identities anonymous.

1. Why did you enter the deathcare profession?
2. Describe the duties and responsibilities of your current position.
3. List any community service or professional associations in which you are currently active and explain your participation.
4. What continuing education courses have you taken in the past year?
5. Describe your philosophy of customer service.
6. What are your long-range professional goals?

B. Personal Data

Name: _____ Cell phone# (____) _____
Home Address: _____

SCCFA Member Firm:

Name: _____
Address: _____

Firm telephone #(____) _____
E-Mail address _____ Length of employment _____
Current Position _____ Title _____

Previous Employment:

- **Employer** _____ Telephone _____
Address _____
Position _____ Length of employment _____
- **Employer** _____ Telephone _____
Address _____
Position _____ Length of employment _____

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

- **School** _____
Location _____
Course of Study _____ Completion Date _____
- **School** _____
Location _____
Course of Study _____ Completion Date _____

C. Certification of Intent

Name _____
I hereby certify that:

- A. This Southern Cemetery, Cremation & Funeral Association Scholarship application has been personally completed by myself, and to the best of my knowledge, the information contained herein is correct and complete.
- B. If awarded the SCCFA Scholarship for the year 2025, I am able to attend the ICCFA University program at Emory University in Atlanta, Georgia, July 18-23. I understand that I must still be employed by the sponsoring member firm on that date or I will forfeit the scholarship.

SIGNATURE of Applicant: _____

SIGNATURE of Sponsoring Active SCCFA Member: _____

Please return completed application by May 31, 2025 to:

SCCFA ~ PO Box 508 ~ Kingston Springs, TN 37082 or email to **TheSouthern.office@gmail.com**