Tennessee Funeral Directors Association
Memorial Scholarship Program

The Board of Directors of the Tennessee Funeral Directors Association at its regular Board Meeting, January 15, 1997, established the TFDA Memorial Scholarship. Mr. Herbert W. Mayes was a longtime funeral director/embalmer and the owner of Mayes Mortuary in Morristown, TN. At his death, memorial contributions, at the request of his family, were given in his memory to establish a scholarship fund. The TFDA, with permission of the Mayes family, used those funds to bring the TFDA Memorial Scholarship Program.

The Scholarship was established to provide financial awards to students enrolled as full time students in a funeral service or mortuary science program to assist them in obtaining their professional education.

Selection of the scholarship recipients is competitive. The selection is made by a Scholarship Committee of the TFDA.

ELIGIBILITY: To be considered for an award, a student must:

1. Have completed one (1) semester of his/her course of study at a college accredited by the American Board of Funeral Service Education, and who have expressed the intent to enter funeral service upon graduation.

2. Have at least one semester, or term, remaining in his/her funeral service program in order to be considered;

3. Complete all forms required by the Tennessee Funeral Directors Association and submit them prior to the deadline date. Late or incomplete applications will not be considered.

4. Be a citizen of the U.S., a legal resident of the State of Tennessee and intend to practice in Tennessee upon graduation.
PROCEDURES AND REQUIREMENTS:

I PERSONAL INFORMATION

Name: ___________________________________________ Phone: __________________________

Permanent Address: ________________________________________________________________

Current Address: (if different) ________________________________________________________________________________________________

Date of Birth: ______________________ Place of Birth: ______________________________________

Marital Status: ___ Never Married, ___ Widowed, ___ Divorced, ___ Separated

Dependents: (Names & Ages): ________________________________________________________________________________________________

II PARENT'S INFORMATION

(Complete only if you are declared a dependent on your parent's Federal Income Tax Form that you are enclosing)

Father's Name: ___________________________________________ Deceased? ________________

Address: __________________________________________________________________________

City: ___________ State: ___________ Zip: ______________________

Father's Occupation & Place of Employment: _____________________________________________________________________________________________

Mother's Name: ___________________________________________ Deceased? ________________

Address: __________________________________________________________________________

City: ___________ State: ___________ Zip: ______________________

Mother's Occupation and Place Employment: _____________________________________________________________________________________________

Other Dependents in Your Family: _________________________________________________________________________________________________

Name: ___________________________ Age: ___ College last Year? ___ Fees paid by Parents: ___
III PERSONAL FINANCIAL STATEMENT:
Briefly explain your financial need including how you are paying your tuition and expenses; your support (and grants, scholarships VA payments, parental support, personal savings, income from work, etc.)

IV SPOUSE'S INFORMATION (If Applicable)

Name: ____________________________________________

Address if different than yours: ____________________________________________

Occupation and place of employment: _______________________________________

If your spouse files a separate tax return, you must provide a photocopy of his/her last year's IRS Form 1040.

V EDUCATION/MILITARY BACKGROUND:

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<th>High School</th>
<th>Years Attended</th>
<th>Year Graduated</th>
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<th>Colleges</th>
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Military Background (if any)

VI COMMUNITY SERVICE: Church activities, Awards and Honors received:

________________________________________________________________________

________________________________________________________________________

VII WORK EXPERIENCE: (Include part-time and summer employment)

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<th>Employer</th>
<th>Dates</th>
<th>Position</th>
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| Have you had any funeral service related jobs? Apprenticeship served? Yes No |
|____________________________________________________________________________|

If yes, Where and when?

________________________________________________________________________

I understand that the information submitted within this application is being used in consideration for a scholarship. I hereby certify that all the information is true and factual and can be verified by proper documentation, if required. I also certify that I completed the application on my own.

Your signature: ____________________________ Date: ____________________________