



## *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 being 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 how 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:

Only those students who 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.

1. Complete and return the scholarship application form of the TFDA including the required essays to the address below. The application form may be obtained from the accredited college or by writing TFDA at:

Tennessee Funeral Directors Association  
Scholarship Committee  
1616 Church Street, Suite A  
Nashville, TN 37203

*NOTE: Applications must be received by U.S. Mail, Federal Express or in person. We will not accept any applications that are FAXED;*

2. Federal Income Tax Return:
  - a. Your latest IRS Form 1040; or
  - b. Your parents' or legal guardian's IRS Form 1040 (If you are claimed as a dependent on their return);
3. College Transcripts: From each and every college that you have attended (including funeral service colleges);
4. Letter of recommendation: From two people other than a faculty member or anyone connected with the Mortuary College at which are (were) enrolled;
5. Essay #1: Write a two page essay (HAND WRITTEN – NOT TYPED) about yourself (enough that we will be able to know something about you); include why you decided to enter funeral service and what the word “service” means to you;



## 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): \_\_\_\_\_

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## 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 & Place of

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.)

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**IV. SPOUSE'S INFORMATION (If Applicable)**

Name: \_\_\_\_\_

Address if different than yours:

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Occupation and place of employment:

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*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:**

High School Years Attended Year Graduated \_\_\_\_\_

Colleges Years Attended Major Year Graduated \_\_\_\_\_

Military Background (if any)

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

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

Employer Dates Position

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Have you had any funeral service related jobs? \_\_\_\_\_, Apprenticeship served? Yes No  
If yes, Where and when?

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*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: \_\_\_\_\_