



Mortuary Science Student  
Scholarship Application  
**Application Due: April 19, 2024**

Completed Application Packet must be submitted to:  
Professor Lori Collins, lcollins@cypresscollege.edu

**GENERAL INFORMATION**

As an organization, we strive to support mortuary science students and promote constant growth amongst industry professionals. Our events aim to facilitate a compassionate network of students, funeral directors and vendors of funeral services and merchandise. To be considered for a scholarship, the student must be enrolled for the spring semester of the current year with a minimum of 12 units and must have a minimum Cypress College grade point average of 2.5. Successful candidates will be notified in Late April and will be expected to participate in our Scholarship Awards Presentation in May.

**STUDENT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ School ID # \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

**SCHOOL AND ACTIVITIES**

What semester of Mortuary Science School are you in? \_\_\_\_\_

Have you started your competencies? Y/N If so where?

\_\_\_\_\_ What is your overall Cypress College GPA? \_\_\_\_\_

What other Cypress College activities are you involved in? (clubs, athletics, student govt. etc.)

\_\_\_\_\_

What community activities are you involved in? (church, service clubs, volunteer work, etc.)

\_\_\_\_\_

What was your educational background prior to Cypress College? (degrees, certifications, etc.)

\_\_\_\_\_

Are you employed by a funeral home? Y/N If so where and for how long?

\_\_\_\_\_

Do you have any skills or accomplishments that you would like to share?

\_\_\_\_\_

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## **APPLICANT'S STATEMENT**

Please describe what inspired your decision to pursue a career in the Mortuary Science industry and how you will utilize this scholarship to further your experience as a funeral service professional.

Please attach typed response.

## **RELEASE**

I hereby authorize release for all of the foregoing scholarship and transcript information to the Orange County Funeral Directors Association in the selection of scholarship recipients. I also give permission to release my name to the donor and media for publicity purposes. I understand that my picture will be taken and used in publicity.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_