

R. Barry McPhillips Scholarship Award Application Form

Please type or print clearly.

Name: _____

Address: _____

City, State, ZipCode: _____

NYS Funeral Director License# _____ Date Licensed _____

COLLEGE OR UNIVERSITY EDUCATION

School Attended: _____

Degree Received: Yes _____ No _____ Date Received: _____

Name of Degree: _____

FUNERAL SERVICE EDUCATION

Mortuary School Attended: _____

Date Graduated: _____

MILITARY BACKGROUND (if any)

Branch of Service: _____ Type of Discharge: _____

WORK EXPERIENCE (Continue on an attached sheet if necessary)

<i>Position</i>	<i>Employer</i>	<i>Dates of Employment</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Community Activities (include activity and dates)

I certify that the above information is true and can be verified by proper documentation, if required.

Signature _____ Date _____

Deadline for Receipt: June 30

Application Checklist:

- (1) Completed Application Form
- (2) Essays (must be typed)
- (1) Letter of Recommendation