

**NEW ENGLAND CEMETERY ASSOCIATION
MEMBER SCHOLARSHIP APPLICATION**

NECA Member Name: _____

Cemetery/Organization: _____

Address: _____

Address Line 2: _____

City, State and Zip _____

Day Phone: _____

Cell Phone: _____

Email Address: _____

Please submit the completed application along with required attachments to:

**Dan Krueger
Beaverdale Memorial Park
90 Pine Rock Avenue
New Haven, CT 06515**

Or

Dan.krueger@beaverdale.net

Any questions or comments should be directed to Dan Krueger at the address above or by telephone at 203-387-6601

DEPENDENT STUDENT INFORMATION

Relationship to Student Applicant: _____

Applicants Name: _____

Address: _____

Address Line 2 _____

City, State and Zip _____

Will this be applicants first year of College? Yes ___ or No ___

If YES, enclose letter of acceptance.

If NO, what is your upcoming academic year? _____

Will you be a full-time student in the upcoming academic year? _____

What subject are will you be studying? _____
e.g., Psychology, Biology, Political Science, etc.

What degree are you seeking? _____

What school are you or will you be attending?

Enclose a copy of your latest year's grade transcript.

Please describe any community activities or organizations that you are a member of or participate in:

Enclose a letter of recommendation from at least one teacher and note the relationship of the teacher if any.

Enclose a letter of recommendation from at least one community leader and note the relationship of the community leader if any.