



Rachael Anderson Memorial Scholarship

Please complete the below questionnaire and submit to wlee@ccms.edu and ewilliams@ccms.edu.

Name:

Have you completed at least one semester of studies at CCMS?

YES NO Comment:

Are you a first generation aspiring death care professional?

YES NO Comment:

What do you intend to do with your education after graduation from CCMS?

Are you currently employed and/or residing as a student worker in a funeral home? If so, which one?

What impacted your decision to pursue a degree in mortuary science and death care? Please share as much about your passion for death care as you'd like, using the reverse side or attaching additional pages.