



# WORSHAM COLLEGE OF MORTUARY SCIENCE

495 Northgate Parkway • Wheeling, Illinois 60090 • 847-808-8444

www.worsham.edu

## APPLICATION FOR ADMISSION

**A FEE OF \$50.00 SHOULD ACCOMPANY THIS APPLICATION**

I hereby apply for admission in the course beginning \_\_\_\_\_ September \_\_\_\_\_ March

Social Security Number \_\_\_\_\_ Email \_\_\_\_\_

Name in full (do not use initials) \_\_\_\_\_

\_\_\_\_\_  
Mailing Address City State Zip

\_\_\_\_\_  
Phone number with area code

\_\_\_\_\_  
Parent/Guardian (Name in full)

\_\_\_\_\_  
Address of Parent/Guardian City State Zip

\_\_\_\_\_  
Phone number with area code

\_\_\_\_\_  
In case of Emergency, notify (Name in full)

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Phone number with area code

Please indicate how you identify yourself. Select one or more:  American Indian or Alaskan Native  Asian  
 African American  Hispanic or Latino  Native Hawaiian or Other Pacific Islander  Caucasian  Biracial

### Work Experience:

Name of Current Employer \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Phone number with area code

\_\_\_\_\_  
Job title Supervisor's Name

Any family involved in funeral service? Yes  No

If yes, relationship (Mother, Father, etc.) \_\_\_\_\_

Have you previously attended any funeral service program? Yes  No

Do you have funeral service experience? Yes  No  If yes, how long? \_\_\_\_\_

over

**Personal History of Applicant:** Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Widower \_\_\_\_\_ Divorced

Check the box that applies: Diploma  GED  Home Schooled

I have completed \_\_\_\_\_ hours of college at \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Attendance \_\_\_\_\_

I have completed \_\_\_\_\_ hours of college at \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Attendance \_\_\_\_\_

I am a veteran.  Yes  No

Have you ever been convicted of a criminal offense in any state or federal court (other than minor traffic violations)?  Yes  No

If yes, attach a statement of each conviction including date and place of conviction, nature of the offense and if applicable, the date of discharge from any penalty imposed.

Have you ever been denied a professional license or permit or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere?  Yes  No

I intend to practice in the state of \_\_\_\_\_ if I am approved by that state.

Are you aware of the educational requirements for this state?  Yes  No

Have you fulfilled the prerequisite requirements for this state?  Yes  No

**ESSAY** In five hundred words or less, explain why you have selected funeral service for your career. (Please use a separate sheet).

### LETTERS OF RECOMMENDATION

Two letters of recommendation are required from individuals familiar with your work performance and/or academic ability.

**TRANSCRIPTS - Please include official transcripts from all colleges attended in sealed envelopes. Also, please include your official high school transcript in a sealed envelope. You may also have the transcripts sent directly to Worsham College.**