



FINE Mortuary College, LLC; A Private Two Year College

150 Kerry Place

Norwood, MA 02062

Phone: (781) 762-1211 ~ Fax: (781) 762-7177

APPLICATION FOR ADMISSION (Part I)

Please fill out first, then print.

APPLICATION FOR ADMISSION TO EARN AN ASSOCIATE DEGREE IN FUNERAL SERVICE

In order to enroll at FINE Mortuary College, LLC, A Private Two Year College, students must:

- **Submit a \$60 application fee with this application.**
- **At orientation/course registration, bring in a \$400 nonrefundable fee, which will be applied to your tuition cost.**

Name: Last: _____ First: _____ Middle: _____

Male Female

Address: Street /RFD Number or Post Office Box: _____

City: _____ State: _____ Zip Code: _____

Phone: Home: () _____ Work: () _____

Fax: () _____ Cell: () _____ Email: _____

Date of Birth: / / _____ Marital Status: Single Married
Divorced Widow(er)

Social Security #: / / _____

In case of emergency, who should be contacted?

Name: _____

Phone: _____ Relationship to You: _____

Quarter to Enroll (circle one): Fall - Winter - Spring - Summer YEAR: _____

Need Financial Aid? Yes No

Number of Courses You Expect To Take (check one): 1 2 3 4

High School Education: School Name: _____

Street /RFD Number or Post Office Box: _____

City: _____ State: _____

Dates: _____ Diploma Earned: Yes No

If no high school diploma, then a passing score on the GED is necessary.

Place Taken: _____ Date: / / _____

Post-Secondary Schools (Mortuary School, College or University), Complete the Following:

School Name: _____

Street /RFD Number or

Post Office Box: _____ City: _____ State: _____

Dates: _____ Degrees: _____

School Name: _____

Street /RFD Number or

Post Office Box: _____ City: _____ State: _____

Dates: _____ Degrees: _____



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FINE Application for Admissions (Continued)

Employment (last 6 years maximum):

Present Employer(s):

Name: _____

Street /RFD Number or Post Office Box: _____

City: _____ State: _____ Zip Code: _____

Former Employer(s):

Name: _____

Street /RFD Number or Post Office Box: _____

City: _____ State: _____ Zip Code: _____

Former Employer(s):

Name: _____

Street /RFD Number or Post Office Box: _____

City: _____ State: _____ Zip Code: _____

Previous Experience in Funeral Service? Yes: No:

If yes, Where? _____

Name: _____

Street /RFD Number or Post Office Box: _____

City: _____ State: _____ Zip Code: _____

Do you, or did you have family in funeral service? Yes: No:

If yes, Name: _____ Relationship: _____

Street /RFD Number or Post Office Box: _____

City: _____ State: _____ Zip Code: _____

State in which you plan to become licensed:

Ethnic Group (Optional):

- African American
- Asian
- Native American
- Caucasian
- Hispanic
- Other

- Status (Optional):
- Non-Veteran
 - Veteran
 - Rehabilitation

How did you learn about FINE? (please check one):				
<input type="checkbox"/> Web	<input type="checkbox"/> Someone in Funeral Service	<input type="checkbox"/> Student/Graduate	<input type="checkbox"/> Faculty/Staff	<input type="checkbox"/> News Releases

Please do not fax or email ~ original paperwork is required for our records. Thank you.
All pages must be completed and signed by applicant and/or requested parties ~ **Page 2 of 8.**

Read directions carefully and fill in all that apply.



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FINE Application for Admissions (Continued)

If I accept enrollment at FINE Mortuary College, A Private Two Year College, I agree to comply with the rules and regulations of the College and agree to hold the College and their agents harmless for enforcing the College rules, regulations and policies.

The undersigned applicant does release, and by these presents does release, acquit, discharge and forever hold harmless the FINE Mortuary College, A Private Two Year College, its agents, employees, representatives, insurers, officers, attorneys, and all other persons, firms, corporations, and entities from any injury (including exposure to infectious disease), liability, responsibility, claims, causes, or right of action, of whatsoever kind, nature, or character, in contract or in tort, which have or may accrue to them or their heirs, successors, representatives, or assigns, on account of, arising out of or by reason of the undersigned applicant participating in the course of study by, through, or under the FINE Mortuary College, A Private Two Year College. In executing this release, the undersigned applicant is relying solely and completely upon his/her own judgment, he/she does so of his/her own free will and accord, without threat, duress, or compulsions being directed against him/her.

The undersigned understands that this Release is a FULL, FINAL and COMPLETE RELEASE. The undersigned applicant warrants that he/she has read this Release and fully understands it to be a release of all claims, known or unknown, present or future, that he or she may have against the FINE, its agents, employees, representatives, insurers, officers, attorneys, and all other persons, firms, corporations, entities, or other parties in interest released hereto arising out of the matter described herein.

The undersigned applicant hereby represents that he/she is over the age of eighteen (18) years, of sound mind, literate in the English language, and otherwise fully competent to execute this Release in all respects.

I certify that all information contained in this application is true, complete and correct.

SIGNATURE OF APPLICANT:

DATE:



/ /

For all courses taken at FINE Mortuary College, LLC. A Private Two Year College, I understand that these are applied to my earning an Associate in Applied Science in Funeral Service. I further understand that credits earned at FINE Mortuary College, A Private Two Year College, are transferable only at the discretion of the receiving school.

SIGNATURE OF APPLICANT:

DATE:



/ /

150 Kerry Place, Norwood, MA 02062

FINE Mortuary College, A Private Two Year College, provides equal educational opportunities for all without regard to religion, race, sex, creed, age, handicap, color, size or national ethnic origin.

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All pages must be completed and signed by applicant and/or requested parties ~ **Page 3 of 8.**

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FINE Application for Admissions (Continued)

APPLICATION FOR ADMISSION (Part II)

Please type in requested information, then print.

Please compose and type a 200-word essay describing why you want to be a Funeral Director and your future expectations in the funeral profession. Send your essay to FINE with your application forms.

Please do not fax or email ~ original paperwork is required for our records. Thank you.
All pages must be completed and signed by applicant and/or requested parties ~ **Page 4 of 8.**

Read directions carefully and fill in all that apply.



FINANCIAL AID STATUS FORM (Must be completed by ALL applicants)

Type in Your Name: _____ Date: _____

FINE Mortuary College, LLC: A Private Two Year College begins and teaches classes during four terms every year. This makes it more convenient for the student who wishes to finish his/her courses quickly since he/she needs one year for every two at many other colleges. This is because most colleges only hold classes two semesters per year. *In essence, a student can complete in one year at FINE the equivalent of two years at other colleges.*

To begin classes four times per year, FINE needs to have your cooperation, especially for those of you who intend to apply for any type of financial assistance. Please complete this form so that FINE will know which of you are in need of any financial assistance forms and what advice you may need to be awarded any financial support in a timely fashion.

Check all that apply:

I will need will **not** need - financial assistance to complete my FINE education. If you answer that you will not need financial assistance, you need not fill out any more of this form.

Please note that if you answer that you will not need financial assistance you will be responsible for paying for your classes during the first week of the term. If you answer that you will not need financial assistance then decide that you do, you may still be required to pay for your classes during the first week of the term yourself if there is not sufficient time for a FAFSA to be processed for you. Please think this over carefully and initial that you understand your financial responsibility. _____

IF YOU NEED/WANT FINANCIAL AID: YOU MUST FILL OUT THE FAFSA FORM TO QUALIFY FOR ALL LOANS & GRANTS.

I will need will **not** need - some loans to complete my FINE education. (Remember, all loans need to be paid back to the lender.)

Grants or scholarships are the ONLY type of financial support I will accept. (Grants and scholarships do NOT need to be repaid to the lender.) You will still need to fill out the FAFSA form to qualify for grants given outright by the college or for Federal grants overseen by the college.

Yes: No:

SIGN YOUR NAME: _____ DATE: / /

COMPLETE THE ABOVE FORM AND RETURN IT WITH YOUR APPLICATION TO FINE.

(To apply for financial aid at FINE, please complete the Free Application for Federal Student Assistance (FAFSA) and insert the federal school code: 033164 for FINE)

Please do not fax or email ~ original paperwork is required for our records. Thank you.
All pages must be completed and signed by applicant and/or requested parties ~ **Page 5 of 8.**

Read directions carefully and fill in all that apply



FINE Application for Admissions (Continued)

FINE MEDICAL INFORMATION FORM

Part A. *To be filled out by the student (please fill in, then print.)*

Both Part A and Part B must be on file before beginning classes.

Type Your Name: Last First Middle

Since you will work with funeral homes as part of your experience at the FINE, you will be exposed to many diseases and chemicals. Do you have any allergies or disabilities or any other medical problems that will bear on your ability to function as a funeral director or student of funeral directing? If yes:

Allergies: _____

Disabilities: _____

Do you have a major physical handicap? Yes: No:

If yes, describe _____

Do you have a known learning disability? Yes No

If yes, please attach official documentation. _____

Students needing special services or accommodations must provide official written documentation describing functional information and limitations and provide a written list of specific accommodations being requested. (See FINE Disability Policy.)

Once the paperwork has been received, please set up an appointment to review the request.

Students are responsible for requesting accommodations in a timely manner (i.e., before classes begin) so staff may plan for the accommodations.

If a student wishes to change their current accommodations, they must contact FINE. If new accommodations are not specifically outlined in the student's documentation, additional documentation will be necessary.

Date:

/ /



Applicant's Signature (*In Ink*)

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All pages must be completed and signed by applicant and/or requested parties ~ **Page 6 of 8.**

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FINE Application for Admissions (Continued)

FINE MEDICAL INFORMATION FORM

Part B. To be filled out by the physician

Return original to: OFFICE of ADMISSIONS, 150 Kerry Place, Norwood, MA 02062
Any questions call: (781) 762-1211 ~ Fax: (781) 762-7177 Email: FINE@fine-ne.com

Both Part A and Part B must be on file before beginning classes.

Student Name (type):

MEDICAL HISTORY:

Please check "yes" if the applicant has a history or exposure to the following or check "no" if the applicant has no history or exposure to the following diseases:

Table with 2 columns of diseases and 2 columns of YES/NO checkboxes. Diseases include Aids (HIV+), Alcoholism, Cancer/Leukemia, Color Blindness, Diabetes, Dizziness/Fainting Spells, Epilepsy, Hemophilia/Other Bleeding Disorders, Hepatitis, Histoplasmosis, Lupus, Meningitis, Tuberculosis.

If you checked "Yes" for any of the above, please explain:

Immunizations:

Table for immunization dates. Rows include Mumps, Measles, Rubella, Tetanus Immunization, TB Test &/or chest x-ray, Hepatitis B Series (Date of first shot).

I certify that the above is true and accurate to the best of my knowledge.

Physician' Signature

Date Signed: / /

Print Physician's Name:

Street /RFD Number or Post Office Box:

City:

State:

Zip Code:

If other than a physician signing, please print name and title:

Signature (other than physician)

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All pages must be completed and signed by applicant and/or requested parties ~ Page 7 of 8.

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FINE Application for Admissions (Continued)

FINE RECOMMENDATION FORM

Return original to: OFFICE of ADMISSIONS, 150 Kerry Place, Norwood, MA 02062

To the Student: You need to have one recommendation form completed to attend FINE. When you have filled in section A. Present this form to the person (not family) who will complete sections B and C on your behalf. This form should be sent promptly to FINE by the person who filled in sections B and C.

SECTION A --TO BE COMPLETED BY THE APPLICANT

Name of Applicant: _____

Street /RFD Number or Post Office Box: _____

City: _____

State: _____

Zip Code: _____

Social Security #: _____

Home Phone #: _____

I waive the opportunity to review the information contained on this form.

I retain my right to review the information on this form.

Date: / /



Applicant's Signature (in ink)

SECTION B --STATEMENT TO BE WRITTEN BY REFERENCE PROVIDER

The person listed in Section A above is applying to FINE. Please provide the college with your assessment of the candidate in a statement, which includes following: 1. Ability to succeed academically and socially in this challenging curriculum and career. 2. Any exceptionally redeeming features and/or accomplishments. 3. Any other specific information about the candidate that FINE should be aware of. (Type your statement and send it to FINE along with a completed and signed copy of Section C below.)

Print Applicant's Name: _____

SECTION C --TO BE COMPLETED BY THE REFERENCE PROVIDER

How would you rate the applicant compared to other students/employees for (check one for each trait):

	Exceptional	Above Average	Average	Below Average	Cannot Say
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I recommend this applicant on the basis of his/her promise:

	Enthusiastically	Strongly	Fairly Strongly	With Reservation	Not At All
Academically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character & Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Date: / /

Reference Provider's Signature

Nature of Relationship with Applicant: _____

Print Your Name: _____

Phone: _____

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Read directions carefully and fill in all that apply