



# NORTHEAST FUNERAL SERVICE Partnership

Recognizing the untapped strength of collaboration

## Northeast Funeral Service *Leadership Academy Application*

The state funeral director associations from Connecticut, Massachusetts, New Jersey, New York and Pennsylvania, through the Northeast Funeral Service Partnership, recognize that an organization is only as strong as its leaders. To ensure the continued success of our collective state associations, and to develop the funeral service leaders of tomorrow, the associations are hosting the Northeast Funeral Service Leadership Academy. To be considered for this program, please complete this application and return it to your state association headquarters.

**Name:** \_\_\_\_\_

**Current Funeral Home:** \_\_\_\_\_

**# of Years with Current Firm/Employer:** \_\_\_\_\_

**Current Job Title:** \_\_\_\_\_

**Funeral Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Your Credentials:**

- |  |  |
|--|--|
| <input type="checkbox"/> Licensed less than one year | <input type="checkbox"/> I am a CFSP                                 |
| <input type="checkbox"/> Licensed 2-5 years          | <input type="checkbox"/> I am a CPC                                  |
| <input type="checkbox"/> Licensed 6-10 years         | <input type="checkbox"/> I am a certified Celebrant                  |
| <input type="checkbox"/> Licensed more than 10 years | <input type="checkbox"/> I have other funeral service certifications |

**List your professional and civic affiliations:**

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**How have your career and volunteer experiences prepared you for a leadership role?**

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**Please describe the personal and professional outcomes you hope to gain through participating in the Leadership Academy:**

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**Recommendation Letter (required)**

A letter of recommendation is required as part of the application process. Please list below one (1) professional reference. Ask your reference to submit to you a recommendation letter (limited to 1 page) that addresses:

- Their relationship/affiliation to you
- Your professional accomplishments and/or community activities
- Your leadership capabilities
- Why you are an excellent candidate for the Leadership Academy

**Name of Reference:**

- **Title:** \_\_\_\_\_
- **Organization/Business:** \_\_\_\_\_
- **Recommendation letter (attach to application)**

**Endorsement Required (attach to application)**

On your Funeral Home’s letterhead, the following statement must be signed by your Funeral Home’s owner/manager.

I/we hereby endorse **{NAME OF APPLICANT}** for application to the Northeast Funeral Service Leadership Academy and will fully support his/her participation if he/she is selected. I/we understand that attendance at every session is mandatory, and, if selected, the applicant must attend every session to successfully complete the program.

**Applicant Statement**

I have the full support of my Funeral Home owner manager to participate in the Northeast Funeral Service Leadership Academy. I understand that attendance at every session is mandatory, and, if selected, I must attend every session to successfully complete the program.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Northeast Funeral Service Leadership Academy is hosted by:

