



## Scholarship Application Form

### Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street Name City State Zip

Mobile Number ( \_\_\_\_ ) \_\_\_\_\_ Alternate Number ( \_\_\_\_ ) \_\_\_\_\_

Email address \_\_\_\_\_

### Program Information

Which program are you enrolling in?

- Cosmetology                       Nail Tech                       Esthetician  
 Cosmetology Instructor             Limited Specialist Instructor (Esthetician or Nail Technology)

### Education

A copy of your high school diploma, G.E.D, or high school transcript showing 9th-grade completion is required at the time of enrollment.

#### High School

School Name \_\_\_\_\_

City & State \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Did you graduate? \_\_\_\_\_  
Month/Year Month/Year Yes/No

#### Cosmetology School (if applicable)

School Name \_\_\_\_\_

City & State \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Did you graduate? \_\_\_\_\_  
Month/Year Month/Year Yes/No

College or Trade School

School Name \_\_\_\_\_

City & State \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Did you graduate? \_\_\_\_\_  
Month/Year Month/Year Yes/No

**Employment and Military History**

List your employment experience, including military service, for the last 12 months. Use a separate sheet of paper, if necessary.

Name \_\_\_\_\_

Location \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Month/Year Month/Year

Name \_\_\_\_\_

Location \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Month/Year Month/Year

Name \_\_\_\_\_

Location \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Month/Year Month/Year

**Sign and Date**

I certify that the information given in this application is accurate to the best of my knowledge. I further understand that it is my responsibility to arrange for all admission credentials (diploma, transcripts if transfer student, down payment, etc.) to be provided at the time of my enrollment.

Signature \_\_\_\_\_ Date \_\_\_\_\_