



SCHOLARSHIP APPLICATION

TUITION SCHOLARSHIP FOR \$3,000 TO BE AWARDED IN MAY TO A GRADUATING HIGH SCHOOL SENIOR

HIGH SCHOOL CITY STATE

NAME BIRTHDATE GENDER

ADDRESS CITY STATE ZIP

HOME PHONE CELL PHONE EMAIL ADDRESS

PARENT(S) OR GUARDIAN(S) HOME PHONE WORK PHONE

IN YOUR OWN WORDS, PLEASE TELL WHY YOU WISH TO PURSUE A CAREER IN COSMETOLOGY AND HOW THIS SCHOLARSHIP WILL BE HELPFUL TO YOU. USE THE REVERSE SIDE IF NECESSARY.

Lined area for writing the response to the question above.

Accredited by the National Accrediting Commission of Career Arts and Sciences, Inc.



ENDORSEMENT OF SCHOLARSHIP APPLICANT

TUITION SCHOLARSHIP FOR \$3,000 TO BE AWARDED IN MAY TO A GRADUATING HIGH SCHOOL SENIOR

NAME OF STUDENT APPLYING FOR SCHOLARSHIP

HIGH SCHOOL

CITY

STATE

HIGH SCHOOL PRINCIPAL

PHONE NUMBER

HIGH SCHOOL COUNSELOR

PHONE NUMBER

PLEASE DESCRIBE THE CANDIDATE'S CHARACTER, MATURITY AND PERSONALITY

PLEASE DESCRIBE THE CANDIDATE'S SCHOLASTIC ACHIEVEMENTS

GENERAL STATEMENT OF ENDORSEMENT AND OTHER COMMENTS (PLEASE USE THE REVERSE SIDE IF NECESSARY.)

PLEASE ENCLOSE A COPY OF THE CANDIDATE'S OFFICIAL HIGH SCHOOL TRANSCRIPT.

SIGNATURE

DATE

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