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# SCOTT COLLEGE OF COSMETOLOGY

## SCHOLARSHIP APPLICATION



TRAINING TODAY'S STUDENTS--FOR TOMORROW'S  
SUCCESS--THROUGH BETTER EDUCATION

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## A MESSAGE FROM THE PRESIDENT

Dear Applicant:

As President of Scott College of Cosmetology, I take pride in the accomplishments of our students and graduates.

In cosmetology, the level of success is determined by the individual. However, due to the vast scope and nature of the beauty industry, there are no guidelines and no limitations - you alone determine your level of personal achievement. Cosmetology's potential is literally limitless. Whether you seek prestige and personal recognition, financial freedom, or any other goal, the beauty industry offers you the opportunity for achievement.

The preparation for such achievement is important. Scott College of Cosmetology will prepare you for achievement, for establishing a career, and attaining your goals. With the guidance of our faculty, you can master the skills you need in fifteen months. The sooner you begin preparation, the sooner you can have the career you desire. The entire Scott College of Cosmetology staff joins me in looking forward to your progress and achievement in the field of cosmetology.

Very Truly Yours,

Joe Mamone  
Director/Owner  
Scott College of Cosmetology

**SCOTT COLLEGE OF COSMETOLOGY  
SCHOLARSHIP APPLICATION**

Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Address \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Date of Birth \_\_\_\_\_

High School \_\_\_\_\_ Grad Date \_\_\_\_\_

Are You Presently Employed? \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

If Yes, Place of Employment \_\_\_\_\_

Estimated Yearly Income (Parents income if you are living with your parents, your income if you are living alone.) \_\_\_\_\_

Number in Household \_\_\_\_\_. List Names and Ages of Household Members. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List All Organizations (High School or Community Activities) You Are Currently or Have Previously Participated In. \_\_\_\_\_

\_\_\_\_\_

List The Names and Addresses of Three References, One of Which Should Be a Member of Your High School Faculty Staff. Employed Individuals Should Have a Supervisor Provide a Reference.

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I agree to have my application considered by the college or other funding agency for additional private and/or institutional awards for which I might qualify.

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

SCHOLARSHIP AWARD ACCEPTANCE AGREEMENT

I understand that receipt of this Award is contingent upon the following:

Recipient will attend school on a continuous basis on his/her approved schedule from class starting date through graduation, without excessive absence in accordance with the attendance policies of Scott College of Cosmetology.

Completion of the entire course as prescribed in the Scott College of Cosmetology enrollment agreement is required. Discontinuance of training prior to graduation may result in loss of this award.

I understand the above requirements and I accept the \$1,000.00 Award. I will start on my assigned date of \_\_\_\_\_.

TO ACCEPT AWARD, SIGN BELOW AND RETURN THIS APPLICATION TO SCOTT COLLEGE OF COSMETOLOGY.

Student Signature \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

Student Address \_\_\_\_\_

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