

Student Application Form

Student Section (Please Complete all sections, attach documentation, and deliver to The Academy):

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Phone #: _____

Email Address: _____ @ _____

Course of Study: _____ Anticipated Start date: _____

Required Documents attached with this Application (please mark below):

___ Two letters of recommendation

___ Transcript indicating a minimum of 2.0 GPA

___ Essay of 100 or more words OR ___ Video emailed to debmurray@tspafargo.com

Verification of Information

The information I have submitted to be considered for this scholarship application is true and accurate. I understand the penalty for falsifying any information provided with this scholarship application / attached documents will result in forfeiting my right to receive a scholarship or will cancel out my awarded scholarship if falsification becomes evident. I understand that all scholarship decisions made by The Salon Professional Academy - Fargo will be final.

Applicant Signature

Date

Academy Section (do not write below this line):

Has the student applied for acceptance into the Cosmo program ___ Yes ___ No

All required scholarship documentation provided with this application? ___ Yes ___ No

Application received by _____ Date Received _____

Scholarship awarded ___ Yes ___ No Awarded Scholarship amount \$ _____

Initials of Administrator: _____ Date Awarded _____