

## 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 [admissions@tspafargo.com](mailto:admissions@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

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### **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 \_\_\_\_\_