

SoNo Academy Scholarship Application: 2014/15

PERSONAL INFORMATION:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Email: _____

High School Attended: _____

High School City/State: _____

Date of Graduation (mo/year): _____

Date You Plan to Attend SoNo Academy: _____

Anticipated cosmetology school graduation date (mo/year): _____

To apply please submit the following:

1 -- Completed Application

2 – Two Letters of Reference

1. Your hairdresser
2. An employer or teacher

3 – Personal Essay (No More than 500 words)

Answer the following questions:

1. Why are you choosing this career?
2. What qualities do you have that will make you successful in this field?
3. How will this scholarship help you achieve your goals?

Make an appointment at the Academy to take a tour and drop off your application in person. Call us at 203-642-3600.

Recipients will be notified by email or mail. Six scholarship recipients will be chosen from July 1, 2014 thru June 30, 2015. All scholarships are funded by SoNo Academy with donations from SoNo Academy, Industry Professionals, Clients and ongoing fundraising programs. The Director of SoNo Academy and SoNo Academy advisors will review applications.

I declare that the statements made in this application and all accompanying materials are true and complete to the best of my knowledge and belief. I understand that; in the event that any information is found to be intentionally falsified by us or other contributors – the student / applicant will be immediately disqualified from consideration for the scholarship.

Applicant's

Signature _____ Date _____