



# HEADLINES ACADEMY

COSMETOLOGY • ESTHETICS • NAIL TECHNOLOGY • MASSAGE THERAPY

333 OMAHA ST. SUITE 6-7 RAPID CITY, SD 57701 | TEL: 605.348.4247 | FAX: 605.348.5462

## INCENTIVE SCHOLARSHIP APPLICATION HEADLINES ACADEMY OF MASSAGE THERAPY \$200.00 OR \$500.00

SELECT CLASS: FEBRUARY  JULY  OCTOBER  YEAR \_\_\_\_\_

Please Print:

\_\_\_\_\_  
FULL NAME SS#

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
HOME TELEPHONE# WORK TELEPHONE#

If you have attended our Cosmetology, Esthetics, or Nails program and are **currently licensed as a Cosmetologist, Esthetician, or Nail Tech in SD**, you would qualify for an additional \$500 scholarship towards our Massage Therapy program. Please attach a copy of your relevant license to this form and indicate what year you graduated from our program. **YEAR GRADUATED** \_\_\_\_\_

### TERMS AND CONDITIONS

- ▶ The \$200 Scholarship will be awarded and applied to the students account upon completion of **600 hours**, account paid in full, all assignments complete, and exit counseling complete. Should the students account not be paid in full at completion, the scholarship is void.
- ▶ The dual \$500 Scholarship will be awarded and applied to the students account upon completion of **600 hours**.
- ▶ To receive the dual \$500 Scholarship the applicant must be currently licensed as a cosmetologist, nail tech or esthetician in the state of SD.
- ▶ Should the student drop from the program, no monies shall be awarded and the scholarship will be returned to Headlines Academy's Scholarship Fund.
- ▶ This scholarship application and the items listed below must reach Headlines Academy's admissions office 30 days prior to the class start date for the student to become eligible for the scholarship

### REQUIRED DOCUMENTS

• Application for Admissions • Recommendation Forms • Signed Enrollment Contract • Birth Certificate • High School Diploma/GED • Registration Fee of \$100.00

**I hearby affirm, with my signature, that I understand and will comply with all of the terms and conditions of this scholarship.**

\_\_\_\_\_  
STUDENT SIGNATURE DATE

OFFICE USE ONLY	
_____ Application for Admissions	Deadline Date _____
_____ Recommendation Forms	Date Complete _____
_____ Registration Fee (\$100)	Loss of Scholarship Date _____
_____ Signed Enrollment Card	Approved By _____
_____ Birth Certificate	Massage License _____
_____ High School Diploma/GED	Reason _____