



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 COSMETOLOGY \$200.00 or \$500.00

(if registration fee is paid 30 days before the class start date)

SELECT CLASS: SEPTEMBER DECEMBER MARCH YEAR _____

Please Print:

_____ FULL NAME _____ SS#

_____ STREET ADDRESS

_____ CITY _____ STATE _____ ZIP CODE

_____ HOME TELEPHONE# _____ WORK TELEPHONE#

*If you have attended our massage program and are **currently licensed as a Massage Therapist in SD**, you would qualify for an additional \$500 scholarship towards our Cosmetology program. Please attach a copy of your current license to this form and indicate what year you graduated from our massage program. **YEAR GRADUATED** _____*

TERMS AND CONDITIONS

- ▶ The \$200 Scholarship will be awarded and applied to the students account upon **completion of 2100 hours**.
- ▶ The dual \$500 Scholarship will be awarded and applied to the students account upon **completion of 2100 hours**.
- ▶ To receive the dual \$500 Scholarship the applicant must be currently licensed as a massage therapist in the state of SD.
- ▶ Should the student **drop from the program**, no monies shall be awarded and the scholarship will return to the Academy's Scholarship Fund.
- ▶ Scholarship can be used to **offset any accumulated overtime** charges and/or state board exam & license fee. Any remainder will be returned to the student in the form of a check.
- ▶ Scholarship application & items listed below must reach the Academy's Office 1 Month prior to class start date for the student to become eligible for this scholarship.

REQUIRED DOCUMENTS

• Application for Admissions • Recommendation Forms • Signed Enrollment Contract • Birth Certificate • High School Diploma/GED • Registration Fee of \$50.00

I hereby 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 (\$50)	Loss of Scholarship Date _____
_____ Signed Enrollment Card	Approved By _____
_____ Birth Certificate	Massage License _____
_____ High School Diploma/GED	Reason _____