

APPLICATION IS DUE JUNE 1<sup>st</sup>

The Joe Francis Haircare Scholarship Foundation  
PO BOX 50625, Minneapolis, MN 55405 Phone 651-769-1757 Fax 651-459-8371

# STEP ONE

Fill out application, all the information must be complete.

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

US Citizen? \_\_\_Yes \_\_\_No Age: \_\_\_\_\_ # of Children: \_\_\_\_\_ Marital Status \_\_\_\_\_

## EDUCATION

TYPE OF SCHOOL	ADDRESS/CITY	YEARS COMPLETED	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE			
VOCATIONAL/ TECH TRADE			

Other credentials or skills: \_\_\_\_\_

Honors received, or additional information: \_\_\_\_\_

## WORK HISTORY

Currently employed? \_\_\_Yes \_\_\_No Will you continue working while in school? \_\_\_Yes \_\_\_No

DATES EMPLOYED (LIST YOUR MOST CURRENT EMPLOYER FIRST)	EMPLOYER (LIST YOUR MOST CURRENT EMPLOYER FIRST)	SALARY & POSITION

## FINANCIAL

You MUST provide the sources and estimated amount of your financial income:

	A. Total Cost of Cosmetology or Barber Program (enter) →	\$
B. Income from Employment During Cosmetology Program	\$	
C. Grants (money received from Federal & State agencies) confirmed scholarship awards, and gifting from other sources	\$	
D. Student Loan Expected	\$	
E. Expected Assistance from Family and Relatives	\$	
	F. Total Income Please total lines B, C, D, and E (enter) →	
	Subtract Expenses from Income (line F from line A) for Verification of Need (enter) →	\$

Do you plan to live with your parent/s or relatives during your schooling?   \_\_yes\_\_   \_\_no\_\_

Does your parent/s or relatives claim you as a dependent on their tax returns?   \_\_yes\_\_   \_\_no\_\_

### REFERENCES

Please give names, addresses, and telephone numbers of two references (other than your scholarship sponsor) who are not related to you:

1. \_\_\_\_\_  
 \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_

2. \_\_\_\_\_  
 \_\_\_\_\_  
 Phone(\_\_\_\_) \_\_\_\_\_

### COSMETOLOGY SCHOOL INFORMATION

Please give month and year of enrollment for your Cosmetology program \_\_\_\_\_

When do you expect to graduate? \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Contact at School: \_\_\_\_\_

Contact Email: \_\_\_\_\_

## STEP TWO

### APPLICANT'S ESSAY

Please attach a one page essay explaining all the following:

Your essay is very important for your consideration for this scholarship. We require that you include the following information:

1. Financial need
2. Why you want to be a cosmetologist
3. Your ambitions, interests, and a brief family history

*I certify the information provided in this application is true and complete to the best of my knowledge, and agree that false, or misleading information may disqualify me from further consideration, and may be grounds for revoking the scholarship if discovered at a later date.*

*I authorize the Joe Francis Haircare Scholarship Foundation to use my name for publicity photos, press/news releases, and any promotional material that may be developed in connection with the Foundation if I am awarded a scholarship.*

*In the event your application is selected for a scholarship award, but you fail to enter or complete your cosmetology program, you are obligated to promptly repay all monies awarded to you from the Joe Francis Haircare Scholarship Foundation. The total amount of such repayment shall not exceed the original award value. This agreement shall be construed in accordance with the laws of the State of Minnesota. Please confirm your acceptance of the foregoing by signing where indicated below. Accepted and Agreed:*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## STEP THREE

Please include at least one LETTER OF REFERENCE

*Preferably, your reference should be an employer, instructor, counselor, or someone qualified to offer testimony of your character. The reference's role is to write a letter of recommendation supporting your candidacy in response to the following:*

- What is your relationship to applicant?
- How long have you known this applicant?
- Why are you recommending this applicant for a scholarship?
- What is your assessment of the applicant's future success in a cosmetology career?

Please include the following:

- Reference's name and title
- Place of employment, or business owned
- Address and Daytime phone number

## STEP FOUR

Mail your complete application to:

Joe Francis Scholarship Foundation  
PO BOX 50625  
Minneapolis, MN 55405