

APPLICATION IS DUE JUNE 1st

*The Joe Francis Haircare
Scholarship Foundation Program*
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: _____
(No.) (Street)

(City) (State) (Zip)

Telephone: (_____) _____ Email: _____

US Citizen? ___Yes ___No Date of birth: _____

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

Are you currently employed? ___yes ___no

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

If you receive this scholarship, do you plan to continue working? ___yes ___no

FINANCIAL

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

ANNUAL SOURCES OF INCOME	AMOUNT (ESTIMATE IF NEEDED)
Grants (Money received from the Federal, State government)	\$
Scholarships	\$
Student Loans (Money you borrow from the Federal government & personal loans for school tuition)	\$
Expected Income from Employment	\$
Assistance from Family and Relatives	\$
Other Income	\$
TOTALS	\$

What will your tuition expenses be for your cosmetology program \$ _____

Do you plan to live with your parent/s or relatives during your schooling? yes no

Do 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

If you are awarded this scholarship, when do you plan to begin your cosmetology training?

Please give month and year _____

When do you expect to graduate? _____

School Name: _____

Address: _____

Telephone: (____) _____ Fax (____) _____

Contact at School: _____

Contact Email: _____

School accredited by (name of agency): _____

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
Daytime phone number