

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

*The Joe Francis Haircare Scholarship Foundation*

8101 Homestead Ave S, Cottage Grove, MN 55016 Phone 651-769-1757 contact@joe francis.com

**Prescreening Information**

Dear Applicant, to assure you are qualified to apply, please read carefully, and respond:

Scholarships are not awarded for esthetician, nail, or other career programs. Please confirm you are enrolling in a cosmetology, or barber program \_\_\_YES

Please confirm you will **not** graduate from your cosmetology or barber program before **August 31<sup>st</sup>, 2022** of this award year \_\_\_YES

I understand applications are accepted January 1st thru June 1, 2022 and the notification of awards will be announced in September of 2022 \_\_\_ YES

If you can confirm yes, for each of the above qualifiers you may proceed, if not, please do not apply, it will not be accepted for consideration.

**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: \_\_\_\_\_ Marital Status \_\_\_\_\_ # of Children: \_\_\_\_\_

**EDUCATION**

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

VOCATIONAL/ TECH TRADE			
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Credentials, honors, or other skills: \_\_\_\_\_

Volunteer Work: \_\_\_\_\_

**WORK HISTORY**

Currently employed?  Yes  No Will you continue working while in school?  Yes  No

DATES EMPLOYED <small>(LIST YOUR MOST CURRENT EMPLOYER FIRST)</small>	EMPLOYER <small>(LIST YOUR MOST CURRENT EMPLOYER FIRST)</small>	SALARY & POSITION

**FINANCIAL**

Estimated income while attending your cosmetology program:

Estimated **Annual** INCOME:

From Employment \$ \_\_\_\_\_

Grants & Awards \$ \_\_\_\_\_

Student Loans \$ \_\_\_\_\_

Other Sources of Support \$ \_\_\_\_\_

**TOTAL INCOME** (Add the above items and enter total here) \$ \_\_\_\_\_

Cost of cosmetology program \$ \_\_\_\_\_

Estimated **Annual** living expenses \$ \_\_\_\_\_

**TOTAL EXPENSES** (Add the above items and enter total here) \$ \_\_\_\_\_

**COSMETOLOGY SCHOOL INFORMATION**

Please give the date of enrollment for your Cosmetology program \_\_\_\_\_

When do you expect to graduate from your Cosmetology program? \_\_\_\_\_

**IMPORTANT: If you expect to graduate before August 31, 2022, you are not eligible for this scholarship.**

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

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

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

Contact at School: \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

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

Name of School Director: \_\_\_\_\_

School Director Email: \_\_\_\_\_

*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 contact the cosmetology school of my enrollment for confirmation of my active student status, 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 TWO

### APPLICANT'S ESSAY QUESTIONS

Your essay is very important for your consideration for this scholarship.

We require that you attach your responses to the following questions (please try to limit your responses for each question to 250 words).

1. Who are you? Please introduce yourself to us, for example your ambitions, interests, and a brief family history.
2. Please explain the reason for your financial need, include your current financial status, and all sources of income and support.
3. What strengths do you have that compliment a career in cosmetology?
4. Do you know anyone in the cosmetology/barber industry? If so, describe their involvement and how this may have influenced your interest.

5. What are your plans after you complete your cosmetology/barber training?
6. A career in the cosmetology industry requires a motivated individual, who is successful in developing a loyal customer base. What have you done in your life that shows you have the motivation and endurance to start and keep going?

## STEP THREE

### **You are required to have at least TWO letters of Recommendation**

*Your letters of recommendation should come from an employer, instructor, counselor, or someone qualified to offer testimony of your character. The questions he or she will answer are the following:*

- What is your relationship to applicant?
- How long have you known this applicant?
- What is your assessment of the applicant's skills and strengths regarding a career in cosmetology?
  
- Please include the following:
  - Name and title
  - Place of employment, or business owned
  - Address and Daytime phone number

## STEP FOUR

**OPTIONAL: If enrolled in a program, please submit a copy of your cosmetology/barber school's notice of acceptance into their program.**

Mail your completed application, essay, and letters of reference to:

Joe Francis Scholarship Foundation  
8101 Homestead Ave S  
Cottage Grove, MN 55016

Application must be postmarked no later than June 1st.