



Iowa School of Beauty

# Iowa High School Achievement Scholarship Application

Scholarships are offered to Iowa high school applicants who wish to attend Iowa School of Beauty. The scholarships will be awarded to qualified applicants enrolling and starting in the calendar year of high school graduation. **Complete and send Scholarship Application along with the Enrollment Application to Iowa School of Beauty location of your choice.**

PLEASE PRINT

Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
(First) (Middle) (Last)

Home Address \_\_\_\_\_  
(Number and Street) (City) (State) (Zip)

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

High School \_\_\_\_\_ Graduation Date \_\_\_\_\_

High School Address \_\_\_\_\_  
(Number and Street) (City) (State) (Zip)

Guidance Counselor Name \_\_\_\_\_

Iowa School of Beauty Campus you wish to attend \_\_\_\_\_

Program you are interested in attending \_\_\_\_\_

What made you decide you would like to attend Iowa School of Beauty? \_\_\_\_\_

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\_\_\_\_\_  
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How do you feel you would benefit from attending Iowa School of Beauty? \_\_\_\_\_

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### **Terms and Conditions of My Scholarship**

I understand that if I do not maintain Satisfactory Academic Progress and Attendance and/or am placed on probation for not maintaining Satisfactory Academic Progress and Attendance for any term according to the Academic and Attendance Policy my scholarship will be cancelled immediately and I will be responsible for the dollar value of this scholarship when fulfilling my financial obligations to Iowa School of Beauty. Any and all scholarships are applied as a credit to the final tuition balance due to the school. I understand that if I terminate from school, this scholarship will be null and void and that my scholarship is non-transferable. Any deviation from this policy must be cleared through the college administrator in writing.

I certify this application is true.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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