

**Phone:** (602) 443-0076 **International:** +1-877-297-2118

Fax: +1-801-614-5043 Email: info@avalon.edu

Hours of Operation: Mon-Fri 8am-10pm, Sat 8am-4pm (Mountain Time)

## **AVALON SCHOOL OF COSMETOLOGY ANNUAL SCHOLARSHIP**

APPLICANT INFORMA	TION											
Last Name					Fi	rst Name			M.I.	Da	ite	
Street Address								Apar	tment	/Unit #		
City					St	ate			ZIP			
Phone					Er	mail Addres	s					
Are you a citizen of the Unit	ed States?	YES	NO	C	ate	of Birth						
Include a certified copy of docu	mentation evidencing citizenship or pe	ermanent	residence a	long wi	th th	ne application	1					
ACADEMIC PROGRAM	Please provide the following informat	tion abou	t the acade	mic prog	gram	n for which yo	ou would	like scholars	hip ass	istance		
College or University Name						City and S	ate					
Major			Degree S	ought								
Current GPA (if applicable)												
PREVIOUS ACADEMIC	S											
Please detail below your mo	ost recent academic experiences.											
Name of Institution					St	ty and ate						
Field of Study					De OI	egree btained						
Time Period of Studies					GI	PA						
Name of Institution						ity and tate						
Field of Study					D	egree Obtained						
Time Period of Studies						PA						
EXTRACURRICULAR A	ACTIVITIES											
		and the	time com	oitm or	ı fo	r oach						
Please list your current and	d recent extracurricular activities a	and the i	ume com	numeni	1 101	еасп.						



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On a website, blog, or online forum, write a 500-800 word post that expresses your opinion of how, in addition to technical skills, business and marketing skills play an important role in the pursuit of a spa or salon business. Criteria for evaluation: the best posts will give clear details, avoid grammatical or spelling errors, demonstrate creativity, and weave in the applicant's personal thoughts. The post must also include a link from the website or blog to the Avalon School of Cosmetology website (avalon.edu).

LIIVIN LU VUUI AI LICIE	INK to your arti	icle	:
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Include, or request to have sent, a current certified transcript (either official or an unofficial printed copy) to the address below.

## DISCLAIMER AND SIGNATURE

I certify that the information provided in this application is true and complete to the best of my knowledge.

## **HOW TO SUBMIT**

Print out and complete this form.

## Mail to the address below:

Scholarship Coordinator

Avalon School of Cosmetology

1107 E Bell Rd

Phoenix, Arizona 85022

**USA**