



"Providing Superior Education"

Thank you for applying to our Scholarship Program!
When you complete the application you can submit it via:

Mail: 25 South Quaker Lane suite 15
Alexandria, VA 22314

OR

Email: info@learnatspectrum.com



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Spectrum Beauty/Barber Academy Scholarship Application

Selection Criteria:

The selection of the Spectrum Beauty Academy scholarship winners is based on a number of factors, with special emphasis on each individual's character, personal merit and background.

Merit is demonstrated in a variety of ways: leadership in school, civic and other extracurricular activities, academic achievement, work experience and motivation to serve and succeed in all endeavors.

The Deadline for Application Submission is **June 1st of the current year.**

Finalists will be notified after decision process and be asked back for an interview by a panel. The winners will be selected out of those finalists and notified two weeks after the interview process.

Eligibility:

A student may apply for the Spectrum Beauty Academy Scholarship if he/she is:

- Planning to pursue a certification for a career in the following disciplines:
Cosmetology, Esthetics, Barbering, and Nail Technology.

Certification:

A. Applicant

Please review this form and make certain you have responded accurately to all items.

I certify that all statements made in this application form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Signature: _____ Date: _____

Print Name: _____

The following things must be included in your final application:

1. High School transcript / or College Transcript if applicable
2. Essay
3. 2 personal recommendations
4. Resume (if applicable)

***25 S. Quaker Lane Ste. 15 Alexandria, VA 22314 *(p) 703-370-9700 *(f) 703-370-9773**



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Academic Information:

Name of High School: _____

- 1. Cumulative grade point average: _____

- 2. Indicate the type of curriculum you are taking or have taken
 - a. Honors or advanced placement
 - b. College preparatory/university bound
 - c. General core studies

- 3. Type of School:
 - a. Public
 - b. Private
 - c. Religious
 - d. Other

School Activities Or Extra curricular Activities:

1. Please share with us school and/or extra curricular activities you enjoy.
Example: Art, Sculpture, Student Counsel, Any Clubs, Music, Poetry

2. Volunteer Service or Community Activities:
Example: Soup Kitchen, Drug Hotline, Special Olympics, hospital volunteer,
camp counselor, feed homeless shelters



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Employment Activities:
Please attach a resume if there is not enough room below:

Job / Type of Work	Employer	Dates	Hours weekly
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Biographical Questionnaire

The following questions are designed to learn more about you. Responses to section 1(you) and section 2 (your family) will have no bearing on the judging of the application.

All information is strictly confidential

Section 1: YOU – the applicant

1. Legal Name in Full: _____
2. Male Female
3. Permanent Home Address: _____
City: _____ State/Province: _____ Zip Code: _____
4. Telephone number: _____
5. Date of Birth: _____
6. Fax: if applicable: _____
7. Email Address: _____

- Citizenship (mark only one)
 - US Citizen
 - US Permanent Resident
 - Temporary Resident
 - Other (explain) _____

Section 2: Your Family

Name of parent or guardian _____

Telephone Number: _____

1. Current Job _____



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2. Annual earning income:
 - a. Under 10,000
 - b. 11,000-20,000
 - c. 21,000-40,000
 - d. 41,000-60,000
 - e. 61,000-80,000
 - f. 81,000-100,000
 - g. 100,000-150,000
 - h. Over 200,000

Short Answer Questions:

Please Share Your Thoughts: (be concise. Limit your response to the space provided)

1. Do you consider yourself to be a leader? Why or why not?

2. If you had the opportunity to choose any volunteer work, what would it be? And what would your role be?

3. Many people have influenced and mentored you throughout your life. Describe the person who has impacted your life the most and how it has changed you.



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- 4. Tell us about a book, article, film or play you have read or watched that inspired you and why.

- 5. What are your financial goals and where do you see yourself in 5-10 years?

**Spectrum Beauty Academy Scholarship
Essay Question**

Verification: I verify that all statements are true and correct to the best of my knowledge and are made in good faith. *I also verify that the following essay is my own work*
Signature: _____ Date: _____

Waiver:
I hereby authorize the school and principle to release pertinent transcripts to Spectrum Beauty Academy (SBA) Scholarship for judging. I hereby authorize SBA to use promotional materials for publicity, reproduction or sale (including but not limited to, photos, video tapes, quotes, written material) submitted in connection with my application for the SBA scholarship.

Signature: _____ Date _____



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Essay:

Your essay should demonstrate your personal style, depth and breadth of knowledge and individuality. Please limit your essay to no more than 750 words. The essay should be submitted via typed or black ink but should not utilize a print size smaller than 12 points.

Topic: Why would you be an asset to Spectrum Beauty Academy? How would this opportunity change your life.

Personal Recommendations Form

Instructions:

This form must be completed by an individual of the applicants' choice who is an individual the applicant knows well through religious affiliation, family-friend, one you have worked with on a volunteer service activity or an employer.

Format:

Recommendation must be typed and is limited to one page, one sided.

The applicant named here is a candidate for the Spectrum Beauty Academy Scholarship. SBA will award one scholarship to one student wishing to pursue a career in the beauty, ***25 S. Quaker Lane Ste. 15 Alexandria, VA 22314 *(p) 703-370-9700 *(f) 703-370-9773**



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barber and spa industry per year. Scholarships are disbursed directly to the student’s account at Spectrum Beauty Academy for their studies.

The Evaluation Committee would like your comments on this student’s leadership qualities, communication skills, involvement in school and extracurricular activities and dedication. *Please make no reference to the financial condition of the student or the students family.*

Your evaluation will be confidential and only disclosed to those evaluating the application.

Student Name: _____
Recommending Person: _____
Address: _____

How long have you known the applicant _____
In what capacity? _____

Signature: _____ Date: _____

Please Note that the application/ evaluation must be dated no later than June 1, 2014.
If this evaluation is not returned by the deadline the applicant will not be considered for the scholarship competition.

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