



## Brenda J. Turner Memorial Scholarship Application

### Personal Information

<b>Full Name:</b>	
<b>Street Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Phone:</b>	
<b>E-mail:</b>	
<b>Date of Birth:</b>	

### Education

*Part-time:*                       *Full-time:*

*Start Date (expected):* \_\_\_\_\_

*Course of Interest:* \_\_\_\_\_

Colleges and High Schools Attended (please list most recent first):

Name	Dates	Major	Degree	GPA

**\*\*Please obtain official transcripts from your high school or GED or attach a copy of your high school diploma or GED certificate.**

Extra-curricular or other school-related activities (include clubs, positions held):


**Employment**

Employment History (please list most recent first):

<b>DATES</b>	<b>EMPLOYER</b>	<b>POSITION</b>

Do you plan to work during the school year?

Yes:                       No:

If yes, how many hours a week will you work while attending school? \_\_\_\_\_

**Professional References**

Name:	
Position:	
Institution/Agency:	
Phone/Fax/E-Mail:	

Name:	
Address	
City, State, Zip:	
Phone:	

**\*Please attach 2 letters of professional recommendation from the references listed above.**

**E. Personal Statement** *(Please attach)*

Please submit a typed essay explaining why you have decided to pursue a career in the beauty industry. Discuss your plans for your future, your career goals and objectives, and why now is the best time to enroll in school to pursue your dreams. (Suggested length: 500 words).

**F. Financial Need Statement**

Please describe your financial situation and your need for this scholarship. List your means of supporting yourself, other forms of financial assistance you expect to receive, and other relevant background and current information. Inclusion of specific (or estimated, if necessary) income and expense figures is strongly recommended. Explain any special financial circumstances. Also include sources of financial support from family and/or domestic partner.

**G. Applicant's Statement**

I certify that I am in need of the Brenda J. Turner Memorial Scholarship to continue my education. If granted, I will use the proceeds for the payment of tuition at one of the postsecondary programs offered at Mr. John's School of Cosmetology. I understand that misrepresentation of facts called for on this application will eliminate me from further consideration, and if awarded the scholarship, will be cause for revocation of same. I agree to inform the school in the event that my education program is interrupted or terminated, and/or if my current address or telephone number changes. Should the recipient's enrollment at such institution terminate before the end of the program for any reason the scholarship will be forfeited by the recipient. Mr. John's School may publish portions of my essay, without my name, in all promotional materials. To be eligible for said scholarship I certify that I am 17 years of age or older, am a legal resident of the United States, and are planning to enroll in a postsecondary program that is offered by the school.

Please check one (This will have no bearing upon scholarship consideration):

I am proud to grant permission to Mr. John's School to publish my name and/or likeness when publicly announcing scholarship winners.

I would prefer that Mr. John's School NOT publish my name and/or likeness when publicly announcing scholarship winners.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

(Parent or legal guardian if under 18)