



REDKEN SCHOLARSHIP PROGRAM



TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline July 1

FOR SCHOLARSHIP AMERICA USE ONLY

I.D. #	AA	PD	RIC/CS	GPA	SATCR	SATM	SATW	ACTC	TOTAL

APPLICANT DATA

Last Name _____ First _____ Middle Initial _____

Permanent Home Mailing Address _____ Apartment # _____

City _____ State _____ ZIP Code _____

Telephone (_____) _____ Cell Phone (_____) _____

Email Address (required for notification) _____

Date of Birth: Month _____ Day _____ Year _____

Please indicate your status. (For statistical purposes only) Male Female

American Indian/Alaska Native Black/African American Multi-Racial White

Asian Hispanic/Latino Native Hawaiian/Pacific Islander

TSPA INFORMATION

Name of participating franchise _____

Address _____ City _____ State _____ ZIP Code _____

Telephone (_____) _____

I will be enrolled in a Cosmetology program: Full-time Part-time

I am: A new TSPA student Currently enrolled as a TSPA student

Start date of my TSPA program: Month _____ Day _____ Year _____

Anticipated date you will complete 900 hours of enrollment: Month _____ Day _____ Year _____

EDUCATIONAL HISTORY AND PLANS

Name of High School you attended _____

City _____ State _____

High School Graduation Date: Month _____ Year _____ Date Received GED (if applicable) Month _____ Year _____

Name **all** postsecondary schools you previously attended (if any). Use official school name. Do **not** use abbreviations.

School: _____ City _____ State _____

Dates Attended: From _____ To _____ Total Credits Earned: _____ Degree Earned (if any): _____

Full Name on transcript, if different from applicant's current name above _____

School: _____ City _____ State _____

Dates Attended: From _____ To _____ Total Credits Earned: _____ Degree Earned (if any): _____

Full Name on transcript, if different from applicant's current name above _____

(If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format.)

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. **DO NOT** repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

WORK EXPERIENCE

Describe your paid work experience during the **past four years** (e.g., office work, professional work; if stay at home parent, please indicate). Indicate dates of employment for each job and approximate **number of hours worked** each week.

Employer/ Position	From - Mo/Yr	To - Mo/Yr	Hours per week	Were you paid?
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO

ACTIVITIES, OFFICES, AWARDS AND HONORS

List school, community service and volunteer activities in which you have participated without pay during the **past four years** (e.g., hospital or hospice volunteer, charity fundraiser, committee member, religious instructor). Note all special awards, honors and offices held.

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

GOALS STATEMENT

Make a brief statement or summary of your plans as they relate to your educational and career objectives and goals.

UNUSUAL CIRCUMSTANCES

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

APPLICANT APPRAISAL (REQUIRED)

To the Applicant: The applicant appraisal must be completed by the student's high school counselor or other official for newly accepted TSPA students. Current TSPA students must have the applicant appraisal completed by their TSPA educator or supervisor.

To the Adult Appraiser: *You have been asked to provide information in support of this application. Please rate this applicant on his or her demonstration of the attributes below. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.*

Problem-solving and follow through	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> below average	<input type="checkbox"/> no ability to judge
Communication skills	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> below average	<input type="checkbox"/> no ability to judge
Applicants choice of a postsecondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate	<input type="checkbox"/> no ability to judge
Community involvement	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> below average	<input type="checkbox"/> no ability to judge
Leadership abilities	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> below average	<input type="checkbox"/> no ability to judge
Character and integrity	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> below average	<input type="checkbox"/> no ability to judge
Initiative	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> below average	<input type="checkbox"/> no ability to judge
Self-discipline	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> average	<input type="checkbox"/> below average	<input type="checkbox"/> no ability to judge

While attending your school or TSPA, did the applicant have:

- 1) 85% grade average? Yes No, average was _____
- 2) 90% attendance record Yes No, attendance was _____

Comments: _____

Appraiser's Name _____ Title _____ Telephone (_____) _____

Signature _____ School or TSPA _____ Date _____

REQUIRED MATERIALS

A complete transcript of grades **must** be sent with this application. Grade reports are not acceptable.

1. **Applicants currently or previously enrolled in college or vocational-technical school must** include all college or vo-tech transcripts of grades from each school attended. Transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken.
2. **Applicants who have completed less than one full term** of postsecondary education **must** include a high school transcript of grades.
3. **Applicants who have completed less than one full term of postsecondary education and who did not graduate from high school** but have taken the General Educational Development (GED) test must provide a copy of their GED certificate and test scores.

APPLICATION CHECKLIST

The applicant is responsible for submitting all materials to Scholarship America on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application with completed Applicant Appraisal
- Complete transcript(s) of grades (as specified in required materials section above)

All materials, including transcript, must be addressed to:

Redken Scholarship Program
Scholarship America
One Scholarship Way
Saint Peter, MN 56082

Postmark deadline July 1

CERTIFICATION

Scholarship America has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship America. (It is recommended you keep a copy for your files.)

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____

Parent Signature _____ Date _____

(If applicant is under 18)