

SCHOLARSHIP APPLICATION

Full name (First, Last, Middle): _____

Home Address: _____

City, State, Zip: _____

Telephone: Primary (_____) _____

Secondary (_____) _____

Email Address: _____

Social Security Number#: _____ - _____ - _____

Date of Birth: ____/____/____

Gender: Male Female

Marital Status: Single Married Divorced

Are you a veteran? Yes No If yes

Service/Brand _____

Are you employed? Yes No

Place of Employment (Work Shift(s))

Please list any physical disabilities Unique Hair Design The School should be aware of:

Admission Information

Highest level of education completed

Name of High School or Program

Month/Year of Completion

Desired start date to begin school:

Desired program schedule:

High School Graduate

GED Certificate

References: Please List 3 References

1. Name _____

Phone _____

2. Name _____

Phone _____

3. Name _____

Phone _____

Download Application; Fill it out: and email Melissa Horton at
uniquehair208@gmail.com

