

SCHOLARSHIP APPLICATION
American Institute of Education

Personal Data:

Name: (Last) _____
(First) _____ (MI) _____
Street address _____ City _____
State Zip _____
Phone(____) _____ e-mail _____
Soc. Sec. Number _____ **Date of birth** _____
Sex: Female Male **Citizenship** US Alien No. A- _____ Other
Handicap that may affect your job limitations if any _____
Veteran (US): Yes No
As of today, are you?: Single Married Separated Divorced Widowed
No of dependent children _____ Are you the sole provider? _____
Housing during enrollment: With parents Own place (Renting/Buying) Require Assistance

Ethnic Group This information is required for statistical reporting to IPEDS, a contractor of the USDE.

1. Hispanic/Latino Or 2. Select one or more from those below
 American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Educational Data

Diploma, Certificate or Degrees earned that are equivalent and recognized by the United States educational system

HIGH SCHOOL: (please read carefully)
(If needed use AACRAO for reference in recognized educational levels)

Check this box ONLY if you have completed U.S. High School or its equivalent
If you have not completed High School or its equivalent, provide last U.S. equivalent grade completed _____

Certificate, Diploma or Degrees earned by the applicant: (Check as many as applicable)
High School Diploma/Certificate/Trade Associate Bachelor
Masters Ph.D.

Last High School Attended _____

Graduation Date _____

Financial Aid History: Received Aid? Yes No If yes, owes a refund or defaulted on a loan Yes No

Employment Experience: Name of current or prior employer: _____

_____ From _____ to _____

Paid by Hr Wk Mo Position _____

Rate of Pay _____

Street address _____ City _____ State _____ Zip _____

We are asking for a verifiable statement of income. Who would we contact to verify this information? Name _____ Daytime Phone # _____

If no longer employer, reason for leaving _____

Family Data and Emergency Contact

	Father's	Mother's	Emergency
Name			
Address			
City/St/Zip			
Phone			

Personal Reference (You must provide complete references that are NOT family members)

Name			
Address			
City/St/Zip			
Phone			

Please list your monthly overhead by the following categories.

Rent / Mortgage _____ Auto payment(s) _____ Child Support _____ Healthcare
 Insurance _____ Other tuition _____ Consumer loan payments (total / mon.) _____
 Credit card payments (total/mon.) _____ Miscellaneous _____

How did you hear about our school? _____

Referred by: _____

You will be enrolling in an electrology program.

How soon would you be able to start school? _____

Would you enroll Full time or Part time

Males: Registered with Selective Service? Yes No

Females: Are you expecting? Yes No (Job Hazards)

State Licensure Exam Question (If applicable).

Have you ever been convicted of a felony? Yes No

Tell us about your interests and the type of work or hobbies you prefer.

Do you like conceptual work or do you prefer detail work

Which do you prefer to read? History / Biography Fiction Magazines Other
 describe _____

Exercise: What is your preferred physical activity?

Past Work Experience: If you have ever been self-employed, briefly tell us about your
 time as a business owner. _____

List any other work experience that might be relevant to an electrology practice. _____

Tell us in a couple of paragraphs at most, why you believe you would succeed as a Licensed Electrologist. You may attach a longer reply if you wish.

I certify that all the information on this form is true and correct to the best of my knowledge. I also understand that if required, I must provide supporting documentation of the information reported.

Applicant's Signature: _____ **Date:** _____

FAX THE COMPLETED APPLICATION TO: 1 (714) 550-9988