



**Empire Education Group
Gloria Sidell Scholarship Application**

Contact Information

Name _____

Address _____

State _____ Zip _____ Telephone () _____

Educational Information

School attended for Cosmetology Program: _____

Start date of Cosmetology Program: _____ Ending date: _____

Name of School for Student Teaching Program _____

School Address _____

Scholarship Requirements

1. Licensure date or date of licensure application (please specify): _____

2. Satisfactory Attendance Progress- percentage at graduation: _____
(Minimum= at least 80%)

3. Satisfactory Academic Progress- percentage at graduation: _____
(Minimum= at least 80%)

4. Attachments required for Empire Beauty School Graduates:

- Copy of State Board Application or License
- Copy of most recent Satisfactory Progress Report*
- Recommendation Letter from Educator*

*Note: Graduates from other beauty schools who are applying for the Gloria Sidell Scholarship do not need to submit the item.

5. Completion of Interview with Executive Director (Specify Interview Date): _____

Agreement

I affirm that the information contained in this application and accompanying material is accurate and complete to the best of my knowledge.

Student Signature _____ **Date** _____

Executive Director Signature _____ **Date** _____

(Witness)

Official Use Only: Budget Allotment _____ Expense _____ Net Balance _____