

# BLACKWELL MASONIC LODGE SCHOLARSHIP APPLICATION

COMPLETED APPLICATIONS SHALL BE RECEIVED BY BLACKWELL MASONIC LODGE  
BY MAY 15 FOR CONSIDERATION BY THE SCHOLARSHIP COMMITTEE.

MAIL TO



Blackwell Masonic Lodge #535  
P.O. Box 299  
DeSoto, MO 63020

APPLICANT NAME:			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
AREA CODE:	HOME PHONE:	AGE:	BIRTHDATE:
PARENT'S NAME:			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
AREA CODE:	HOME PHONE:		
NAME OF SCHOOL PRESENTLY ATTENDING:			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
GRADE POINT AVERAGE (TO DATE):			
AREAS OF STUDY THROUGH HIGH SCHOOL:			
CLUBS AND/OR ORGANIZATION AFFILIATION:			
NET ANNUAL FAMILY INCOME: (CHECK ONE)			
<input type="checkbox"/> LESS THAN 10,000	<input type="checkbox"/> 10,000 - 14,999	<input type="checkbox"/> 15,000 - 19,999	
<input type="checkbox"/> 20,000 - 24,999	<input type="checkbox"/> 25,000 - 29,000	<input type="checkbox"/> 30,000 - 34,999	
<input type="checkbox"/> 35,000 - 39,999	<input type="checkbox"/> 40,000 OR ABOVE:		
NUMBER OF PEOPLE RESIDING IN HOUSEHOLD AND SUPPORTED BY ABOVE INCOME:			
NAME OF INSTITUTION OF HIGHER EDUCATION WHICH YOU PLAN TO ATTEND:			
AREA OF STUDY INTENDED:			
ON THE BACK OF THIS PAGE, IN 100 WORDS OR LESS, INTRODUCE YOURSELF AND DESCRIBE YOUR GOALS FOR THE FUTURE.			

# SCHOLARSHIP APPLICATION

National Academy will prepare you for a rewarding career as a Salon Professional!

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Number (H) \_\_\_\_\_

(C) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

High School: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Parent's Phone Number: \_\_\_\_\_

I agree to have a National Academy representative contact me via telephone, email or text regarding National Academy programs, offers, events and announcements. I understand I do not have to agree to receive such calls, emails or texts to apply or enroll at National Academy, but if I don't, I may miss valuable information. I understand that I can opt-out at any time by going to the naba.edu/ optout.htm or calling toll free 1.888.788.6222.

YES

NO

# BEAUTY CHANGES LIVES SCHOLARSHIP GUIDELINES

- Student must be recommended by their Guidance Counselor.
- A maximum of two scholarships will be awarded per school.
- Criteria for selection of scholarship winner will be based upon merit and personal interview with student. Personal interviews to be conducted by National Academy personnel at the student's convenience.
- Student must enroll and be in attendance at National Academy by October 31st, 2015.
- Student must complete the entire course in order to receive the scholarship.

I do hereby certify that the information provided on this application is true and accurate to the best of my knowledge. I understand that the Beauty Changes Lives Scholarship is a program sponsored only for students in the amount of \$1,000 and that it has no cash value. I further understand that while the value of the scholarship may be used to determine my financial need, I will not receive credit for the value of the scholarship until I have successfully completed the program for which this application has been submitted. Withdrawal from the program prior to completion will constitute forfeiture of the scholarship award.

All Applications must be received by March 15th, 2015

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

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

For more information about the program visit the naba.edu website or call 1.888.788.6222 for more information. © 2015 National Academy of Beauty Arts. All rights reserved.

