PJS College of Cosmetology

The first step to your future starts here

\$1,000.00 High School Scholarship Application 2016 - 2017

This application is for new students who have not attended a previous cosmetology institution or a previous PJS location, which includes but is not limited to an associated PJS vocational program. Please have completed applications mailed to PJS College of Cosmetology 1710 E. 10th Street, Jeffersonville, IN 47130 ATTN: Lisa Kern-McLennan or emailed to lisak@gotopjs.com by Monday *April 24th*, *2017*.

| Name | |
|---|--|
| Email Address | |
| Desired | Expected |
| Campus Location Graduation Date | |
| Academic Information | Letter of Recommendation |
| Class rank/Coss siz | Please attach a letter from at least one of the following: group/extra curricular activity leader, employer, |
| GPAout ofpossible | or teacher. |
| Please briefly discuss your career goals on the lines provided. | |

PJS College of Cosmetology || 931 S, Rangeline Road Carmel, IN 46032 || 800-62-SALON 800-627-2566 || info@gotopjs.com

Personal Essay

In 200 words or less please describe a time that you had a positive impact on your school, peers, or community. Also, please describe what ways you will carry this positive attitude on at PJS College of Cosmetology.

I, the applicant, certify that I have provided accurate information and understand that by applying for the scholarship that I am not guaranteed funding.

| | Date |
|--------------------------------------|------|
| Applicant Signature | |
| | |
| | |
| | Date |
| Academic Advisor / Witness Signature | |

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