



HIGH SCHOOL SCHOLARSHIP APPLICATION

Applicant Information

| 1. | Last Name: | First Name: | | | | | | | | | | | | | | | | | |
|---|---|---------------------------|---------------|---|---------------|-------------|---------------|-------------|--|--|--|-----------|--|--|--|-------------|--|--|--|
| 2. | Mailing Street Address: | | | | | | | | | | | | | | | | | | |
| | City: | State: Zip: | | | | | | | | | | | | | | | | | |
| 3. | Phone Number: () | | | | | | | | | | | | | | | | | | |
| | Email Address: | | | | | | | | | | | | | | | | | | |
| 4. | Date of Birth- Month: Day: Year: Gender: | | | | | | | | | | | | | | | | | | |
| 6. | <u>High School Information</u> | | | | | | | | | | | | | | | | | | |
| | Name of High School: School Address: School Phone Number: Guidance Counselors Name: | | | | | | | | | | | | | | | | | | |
| 7. | <u>Parent/Legal Guardian Information</u> | | | | | | | | | | | | | | | | | | |
| | Name & Occupation of parent(s) or legal guardian(s): | | | | | | | | | | | | | | | | | | |
| | Mother's Name: | Father's Name: | | | | | | | | | | | | | | | | | |
| | Mother's Occupation: | Father's Occupation: | | | | | | | | | | | | | | | | | |
| | Mother's Phone #: | Father's Phone #: | | | | | | | | | | | | | | | | | |
| 8. | <u>To Be Completed by a High School Official (Adviser/Counselor)</u> | | | | | | | | | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Mark your assessment:</th> <th style="width: 20%;">Above Average</th> <th style="width: 20%;">Average</th> <th style="width: 30%;">Below Average</th> </tr> </thead> <tbody> <tr> <td>Work Ethic:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Attitude:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Leadership:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | Mark your assessment: | Above Average | Average | Below Average | Work Ethic: | | | | Attitude: | | | | Leadership: | | | |
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| Work Ethic: | | | | | | | | | | | | | | | | | | | |
| Attitude: | | | | | | | | | | | | | | | | | | | |
| Leadership: | | | | | | | | | | | | | | | | | | | |
| | <table border="1" style="width: 80%; margin: auto; border-collapse: collapse;"> <tr> <td>Student is considered in good standing? Y or N</td> </tr> <tr> <td>Class Size:</td> </tr> <tr> <td>Class Rank:</td> </tr> <tr> <td>GPA:</td> </tr> </table> | | | Student is considered in good standing? Y or N | Class Size: | Class Rank: | GPA: | | | | | | | | | | | | |
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| Class Rank: | | | | | | | | | | | | | | | | | | | |
| GPA: | | | | | | | | | | | | | | | | | | | |

***Letters of Recommendation can be attached to Application if applicable.**



9. On a separate sheet please provide a written essay (1 page) answering the questions below:

-At Roger's Academy our curriculum is based upon three main areas of learning. We "Reflect" upon our subject, setting goals to achieve success.

Q.) When reflecting upon your High School Experience, what were some goals you set for yourself and did you succeed in completing them?

-After setting our goals we begin the "Engage" portion of our educational journey. Researching and gaining knowledge through group discussion, classroom discoveries and active participation.

Q.) What area of Cosmetology/Barbering do you feel would be most engaging and interesting to you?

-Finally you will have the opportunity to "Perform" those skills you have acquired throughout the duration of the goals achieving process. This is your time to shine!

Q.) What motivates you to perform to your best ability?

STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

I understand in order to receive this scholarship I must graduate by my contracted graduation date.

Signature of scholarship applicant: _____ **Date:** _____

Checklist:

- ___ Application
- ___ Essay
- ___ High School Transcript

TURN IN COMPLETED APPLICATION DOCUMENTS TO:

The Roger's Academy Administration Office

Tuesday-Friday 9am-5pm

**** Call to set up an appointment for drop off****

(812) 402-1100

We will also need a copy of your I.D and Social Security Card, we can scan these at time of drop off

REMINDER:

The deadline for this application to be received is:

1 Week before your selected start date NO EXCEPTIONS!

ROGER'S  ACADEMY

Lined writing area consisting of 20 horizontal lines.