

Beauty Boutique Scholarship

\$1,000.00 Scholarship

Eligibility & Application Requirements

- Student must be accepted as a full-time freshman to a cosmetology and/or aesthetic program
- Student must be a Wilson County Resident.
- Student must be a full time student at a Wilson County High School.
- Student must have a minimum GPA of 3.0 on a 4.0 scale.
- Student must submit the requested information on or before the specified deadline.

1. Completed application

2. Essay (limited to two pages) to include:

- a. Why this scholarship is important to you
- b. Why you deserve this scholarship
- c. Any special considerations you wish the committee to make

3. Letter of intent to attend University of your Choice, specifying beginning semester

4. Transcripts verifying Grade Point Average (transcripts should be from all schools attended)

5. Signed release of information to Lebanon Wilson County Chamber of Commerce

6. Two letters of reference

Application Procedures

1. Application completed and returned to the Lebanon Wilson Chamber of Commerce Office by 4:00 p.m. on April 8, 2022.

2. Scholarship Committee reviews applications and chooses three finalists.

- a. Vice-Chairperson of Lebanon Wilson County Chamber of Commerce Education Division will serve as Committee Chair.
- b. Members of Committee will be appointed by Committee Chair.

3. Candidates not selected are notified by mail. Finalists notified by phone.

4. Interview may be required.

5. Candidates will be notified of decision upon completion of the process.

6. Scholarship recipients will be notified by May 6, 2022 and ask to attend Education Committee Meeting (time & date) to be announced.

7. Scholarship checks are written to winner's University of Choice on behalf of winner. Money deposited in student account will be for tuition/books only. Student cannot use scholarship monies for any purpose other than those specifically stated.

Beauty Boutique Scholarship

1. Full Name _____ Date _____

2. Address _____ City State Zip _____

3. Phone Number () _____ Email _____

4. Have been or will you be accepted by any college or university prior to semester for which funding is requested? ___ Yes ___ No

5. Please list all Honors and/or Advanced Placement Courses you have taken or are currently taking.

6. Have you requested financial support from other sources? ___ Yes ___ No
Please list.
(Use back of application if additional space is needed)

7. Please list volunteer/community service/school sponsored activities.
(Use back of application in additional space is needed)

8. Do you work outside the home? ___ Yes ___ No
If so, please list your employer and how many hours you work per week.

Release of Information

I, _____, agree to allow the Chamber of Commerce Scholarship Committee to have access to my records at (school of choice) to verify information pertinent to the scholarship process.

Student Name (Printed)

Student Signature

Date