

# O·P·I Scholarship Program



## COSMETOLOGY STUDENT SCHOLARSHIPS

**Available from OPI through the  
Schaeffer Family Foundation!**

**APPLY NOW!**

**Once a month OPI will be awarding a selected *cosmetology* student with a \$500.00 Scholarship towards their *Cosmetology* Program at an OPI Preferred School. Effective January 1, 2010**

## Scholarships NOW Available from OPI Through the Schaeffer Family Foundation

Once a month, OPI will award one select student a Scholarship for a Cosmetology Program in the amount of \$500.00. Money will be paid **directly to the Educational Institution** not the student.

### To Qualify

- ☛ You must reside in the United States.
- ☛ You must be enrolled or in the process of enrolling in a Cosmetology program for licensure.
- ☛ You must be enrolled or in the process of enrolling at an OPI Preferred Cosmetology School\*. Listing can be found at [www.opi.com](http://www.opi.com), just click on **Start Your Career**.
- ☛ You must submit Application along with a 1-2 page essay explaining why you want to become a cosmetologist, how you think nail services will play a part in your career and what sets you apart from other candidates for this scholarship.
- ☛ You must provide one recommendation from the beauty industry. This can be a licensed cosmetologist, nail technician, instructor, etc. Any licensed professional in the beauty industry. See attached form.
- ☛ You must meet your state's educational requirements for entry in to a Cosmetology Program for licensure.

### Award Dates & Deadlines

Applications & Essays must be received at OPI's National School Division by the deadline date. Any applications received late will be considered for the following period. Any applications received early, will be considered in the period indicated on the application. The school of the winner will be notified by the 15<sup>th</sup> of the following month. Money will be paid directly to the educational institution upon receipt of the winner's scholarship acceptance form.

Scholarship Period	Deadline to Receive Application	School of Scholarship Recipient Notified by
January	January 31, 2010	February 15, 2010
February	February 28, 2010	March 15, 2010
March	March 31, 2010	April 15, 2010
April	April 30, 2010	May 15, 2010
May	May 31, 2010	June 15, 2010
June	June 30, 2010	July 15, 2010
July	July 31, 2010	August 15, 2010
August	August 31, 2010	September 15, 2010
September	September 30, 2010	October 15, 2010
October	October 31, 2010	November 15, 2010
November	November 30, 2010	December 15, 2010
December	December 31, 2010	January 15, 2011

### Send Applications and Essays to:

OPI National School Division  
Attn: Schaeffer Family Foundation **COSMETOLOGY** Scholarship  
9421 S. Longwood Dr.  
Chicago, IL 60643

\*An OPI Preferred Cosmetology School is one that purchases the OPI On-the-Go Series Kits directly through OPI's National School Division & provides one for each Cosmetology Student.

## OPI COSMETOLOGY Scholarship Application

Month Applying For (choose one):

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> January 2010   | <input type="checkbox"/> February 2010 | <input type="checkbox"/> March 2010    | <input type="checkbox"/> April 2010    |
| <input type="checkbox"/> May 2010       | <input type="checkbox"/> June 2010     | <input type="checkbox"/> July 2010     | <input type="checkbox"/> August 2010   |
| <input type="checkbox"/> September 2010 | <input type="checkbox"/> October 2010  | <input type="checkbox"/> November 2010 | <input type="checkbox"/> December 2010 |

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

Permanent Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

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

I am a resident of the United States.  Yes

I am enrolled or in the process of enrolling in a Cosmetology program for licensure.  Yes

I am enrolled or in the process of enrolling at an OPI Preferred Cosmetology School\*.  Yes

Name of School Planning to Attend: \_\_\_\_\_

Address of School: \_\_\_\_\_

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

I meet my state's educational requirements for entry in to a Cosmetology Program for licensure.

Yes

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Please complete this application and submit to OPI's National School Division along with your essay.

By signing this application, you agree, if asked, to provide information that will verify the accuracy of your completed form. Also, the application authorizes OPI to use and publish their name and essay. If you purposely give false or misleading information, you will be disqualified from receiving a grant from the Schaeffer Family Foundation.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18, Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OPI Scholarship Reference

Applicant's Name: \_\_\_\_\_

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

State In Which Reference is Licensed: \_\_\_\_\_ License #: \_\_\_\_\_

Please describe the characteristics you believe the applicant possesses that will enable them to have a successful career in the beauty industry. If using a separate sheet of paper, please attach this as a cover sheet.

Reference Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_