imagine <u>PAUL MITCHELL</u> <u>PARTNER SCHOOL</u> 2017 Paul Mitchell Scholarship Information

ELIGIBILITY

- 1. Applicants must be accepted by imagine Paul Mitchell Partner School, and cannot be enrolled in another school that offers a similar course of study at the time of awarding or disbursement of the scholarship.
- 2. Each applicant may receive only ONE Paul Mitchell scholarship award per education program.
- **3.** Each applicant must be a U.S. citizen, at least seventeen (17) years old, with a high school diploma or upcoming high school graduation prior to the chosen enrollment date.
- **4.** All applicants must submit a sealed copy of their high school or postsecondary school transcripts with a minimum **2.5** GPA. Transcripts must include an imprinted school seal and/or signature of an authorized school official.
- 5. Scholarship recipients must maintain grades of 90% on all written tests, 90% on all practical worksheets, and 90% attendance throughout each Satisfactory Academic Progress (SAP) period, and maintain full compliance with imagine Paul Mitchell Schools' rules and regulations.
- 6. Employees of the school and their family members are NOT eligible to participate.

SCHOLARSHIP DETAILS

- **1.** All applications will be reviewed by Imagine Paul Mitchell's Scholarship Committee, and all decisions made by the committee will be final.
- 2. Scholarships in the amount of \$2,000 may be awarded for each class start, unless no eligible applications are submitted.
- **3.** The actual scholarship will be provided as a credit to the recipient's tuition, and will be disbursed in 4 installments, which correspond with the student's Satisfactory Academic Progress evaluation checkpoints:
 - 450 hours
 - 900 hours
 - 1200 hours
 - 1400 hours

The scholarship recipient must maintain a 90% on all written tests, practical work, and attendance at these checkpoints to qualify for disbursement. If these requirements are not met during any SAP period, the scholarship will not be disbursed, and will be put on probationary status until the next SAP reporting period. Recipients will forfeit their scholarship if they fail to maintain eligibility requirements for two SAP evaluation periods in a row, or fail to complete the program.

- **4.** Scholarships may be applied to tuition at imagine Paul Mitchell, in North Little Rock, Arkansas, only. Scholarship funds may not be applied to the student kit or used for living expenses.
- 5. Scholarship recipients must fulfill ALL admissions requirements for imagine Paul Mitchell.

APPLICATION DETAILS

- **1.** The application must be completed in its entirety in black ink.
- 2. The applicant must meet and agree to all eligibility requirements.
- **3.** All applicants must provide two (2) letters of recommendation from an employer, supervisor, school counselor, teacher, or other individual who can speak on behalf of the applicant's abilities. *Recommendations may not be written by family members.*
- **4.** All applicants must submit a typed scholarship essay. Please answer the following questions in a total of around 500 words:
 - Why is a Paul Mitchell School education the right choice for you?
 - What are your career goals and plans following graduation?
 - Describe your dedication and involvement in charitable causes and organizations that benefit and support others and the community.
 - How will you keep a positive and open-minded attitude while attending school?
 - Why is excellent attendance important?

The scholarship committee will review all essay entries, and will be judging each candidate's ability to show drive, enthusiasm, dedication and involvement in the industry and the community.

- 5. Include an official sealed copy of your high school or post-secondary school transcript showing a Minimum 2.5 GPA with an imprinted school seal and/or signature of an authorized school official.
- 6. **DEADLINE TO APPLY:** Scholarship applications must be received by the Admissions Office of imagine Paul Mitchell two weeks prior to the candidate's start date:

Deadline for April 10 Class:	March 27 th
Deadline for May 31 Class:	May 17 th
Deadline for June 19 Class:	June 5 th
Deadline for August 2 Class:	July 19 th
Deadline for August 14 th Class:	July 31 st
Deadline for September 25 Class:	September 11
Deadline for October 23 Class:	October 9
Deadline for November 29 Class:	November 15

7. Send or bring your application to the Admissions Department at imagine Paul Mitchell:

Imagine Paul Mitchell Partner School ATTN: Admissions Office 4201 East McCain Blvd North Little Rock, AR 72117

For additional information, please contact Karla Jaquez at 501-801-1833 or karlaj@pmlittlerock.com

FINALIST SELECTION

- 1. Selection will be based on the applicant's eligibility, submitted application, and related materials.
- 2. Scholarship recipients will be notified in writing during the first week of Class.
- **3.** Scholarship recipients will be documented and their applications will remain on file at the school for 3 years.

TERMINATION

If enrollment at the Paul Mitchell School is terminated during the applicable scholarship period, for any reason, any unused portion of the scholarship shall be forfeited and returned to imagine Paul Mitchell.

RELEASE AND LIMITATIONS OF LIABILITY

By participating in the scholarship program, applicants and/or their parents agree that imagine Paul Mitchell, its affiliates, subsidiaries, representatives, consultants, contractors, and legal counsel will have no liability whatsoever for and shall be held harmless by applicants against any liability for injuries, losses, or damages of any kind to persons, including personal injury or death. Winners will be selected on merit. The Paul Mitchell School will not discriminate on the basis of color, creed, gender, age, race, religion, or ethnic origin, or any other characteristics protected by law.

imagine <u>PAUL MITCHELL</u> **2017 Paul Mitchell Scholarship Application**PARTNER SCHOOL

PERSONAL INFORMATION		
Name:		
Address:		
City/State/Zip:		
E-mail address:		
Phone Number:		
Are you a U.S. citizen?		

SCHOOL INFORMATI	ION
Desired Start Date:	

REFERENCES (List the two people that are providing your letters of recommendation):				
Name	Relationship	Phone		

Attach the following:

____Two Letters of Recommendation

High School Transcript

____Scholarship Essay

I hereby certify that the statements made in this application and all accompanying materials are true, complete, and were answered to the best of my knowledge and belief. I understand that if any information provided in this application is determined to have been falsified, I forfeit any right to receive the scholarship.

In the case that I am awarded the scholarship, by signing this, I am giving permission to imagine Paul Mitchell to share my name and likeness as an award recipient. I also pledge that I will meet the academic requirements as stated, will have a positive and open-minded attitude throughout my enrollment, and will abide by the school's professional guidelines.

Signature

Date

Applications are due to the Admissions Office two weeks prior to each class start:

Imagine Paul Mitchell Partner School ATTN: Admissions Office 4201 East McCain Blvd North Little Rock, AR 72117