CAPITAL BARBER ACADEMY

510 Ellis Blvd - Capital View Plaza Jefferson City, MO 65109

(573) 230-8787

TO BE CONSIDERED FOR THE SCHOLARSHIP YOU MUST:

- 1. Have a High School Diploma or GED
- 2. Have a letter of commitment from an employer once program is completed

3. Sul	bmit this application with your application of	enrollment		
Comp	plete the Following:			
Name	e:			
Socia	l Security Number:	Gender:		
Addr	ess:			
Alter	nate Adress:			
Phon	e Number:			
	School:			
Perso	onal Achievements:			
I.	Extracurricular Activities or Offices Held	Year	Position Held	

	Employment	Year	Position Held
l.	Awards	Year	Position Held
Vhy	do you want to become a barber/co	osmetologist:	
Vhy	do you want to become a barber/co	osmetologist:	
	do you want to become a barber/co		
Whe		after completing school:	vhen/if your circumst

Why should you be considered for the scholarship and how would it benefit you?						
Signature .						
Date						

Please return this completed application with your Enrollment Application