

**New Deadlines & Mailing Address**

# O.P.I

## OPI & AACS ACE Scholarship Application 2014

As part of OPI's ongoing scholarship program, 9 students annually who are attending AACS member schools will each be awarded a \$500.00 scholarship from OPI. Students must be enrolled, *or in the process of enrolling*, in a cosmetology related program at an AACS member school to qualify. Winners will be selected based on an essay and one industry recommendation.

You must submit this application along with a 1-2 page essay detailing why you chose a career in the beauty industry and how you see nail care playing a role in your future career. You must also provide one recommendation from a beauty industry professional, this can be a licensed cosmetologist, nail technician, instructor, etc. The application must also be verified by a school official.

The money will be paid directly to the school on behalf of the student and is to be applied toward tuition and education expenses. The scholarship recipient's name and essay may be used in marketing and promotional pieces as well as on the web.

Scholarships will be awarded throughout the year at AACS events. Time periods for submitting and award schedule for 2014 are as follows:

February 1 – April 12, 2014 3 Scholarship Winners announced at the AACS Spring Operations Conference

April 25 – July 18, 2014 3 Scholarship Winners announced at the CEA Conference

August 1 – November 7, 2014 3 Scholarship Winners announced at the AACS Annual Conference

*All fields are required. An incomplete application will automatically be disqualified. This application may be copied.*

Applicants Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Start Date: \_\_\_\_\_ Graduation: \_\_\_\_\_ Program Enrolled In : \_\_\_\_\_

School Name: \_\_\_\_\_ AACS Member School? \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Website Address: \_\_\_\_\_

By signing this application, you agree, if asked, to provide information that will verify the accuracy of your completed form. Also, the application authorizes YourNewSchool 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: \_\_\_\_\_

*The following is to be filled out by a school official.*

I verify that the above information is true and accurate.

School Official's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Please attach your 1-2 page essay and industry recommendation.

Applications must be postmarked by submission deadline and be returned via mail, email or fax to:  
**YourNewSchool, ATTN: ACE Scholarship, 1803 W. 95<sup>th</sup> St., PMB 281, Chicago, IL 60643**  
**info@yournewschool.com, fax: 773-409-8526**