



CHANGING LIVES...

"helping single moms & children become successful in their personal & professional lives"

THE AMANDA MANIGAULT SCHOLARSHIP PROGRAM APPLICATION

APPLICATION DEADLINE FOR 2019 is December 15, 2019

STEP ONE: Fill out application, all the information must be complete.

Name:

(First) (Middle) (Last) Address:

(Street)

(City) _____ (State) _____ (Zip) _____

Telephone: (_____) _____

Email: _____ US Citizen? ____ Yes ____ No

Age: _____ Marital Status _____ # of Children: _____

WHICH SCHOLARSHIP ARE YOU APPLYING FOR?

COSMETOLOGY LICENSING? _____ HAIR BRAIDING? _____

ARE YOU A SINGLE MOM AT LEAST 16 & UP?

ARE YOU AN AFRICAN AMERICAN FEMALE?

COSMETOLOGY SCHOLARSHIP: ARE YOU A CHILD (at least 16 years of age) OF A SINGLE MOM LIVING IN A LOW-INCOME AREA?

HAIR BRAIDING SCHOLARSHIP: ARE YOU A CHILD (ages 10 - 15) OF A SINGLE MOM LIVING IN A LOW-INCOME AREA?

EDUCATION:

NAME/ADDRESS OF HIGH SCHOOL YOU ATTENDED:

Address:

(Street)

(City) (State) (Zip) Telephone: (_____)_____

TYPE OF SCHOOL: _____

YEARS COMPLETED: _____

COURSE OF STUDY: _____

ADDITIONAL EDUCATION:

COLLEGE/VOCATIONAL/ TECH TRADE Credentials, honors, or other
NAME/ADDRESS OF SCHOOL YOU ATTENDED:

Address:

(Street)

(City) _____ (State) _____ (Zip) _____

Telephone: (_____)_____

skills: _____

Volunteer

Work: _____

WORK HISTORY Currently employed? ___ Yes ___ No

Will you continue working while in school? ___ Yes ___ No

EMPLOYER: DATES EMPLOYED & POSITION (LIST YOUR MOST CURRENT EMPLOYER FIRST)

- 1.
- 2.
- 3.

CURRENT SALARY

Annual INCOME:

From Employment \$ _____

Grants & Awards \$ _____ Student Loans \$ _____

Other Sources of Support \$ _____

TOTAL INCOME (Add the above items and enter total here) \$ _____

Estimated Annual living expenses \$ _____

TOTAL EXPENSES (Add the above items and enter total here) \$ _____

HAVE YOU APPLIED FOR THE COSMETOLOGY/HAIR BRAIDING PROGRAM AT AMANDA'S ART OF COSMETOLOGY INSTITUTE YET? You can complete this application, however, you must be accepted at Amanda's Art of Cosmetology in order to qualify for the scholarship.

PLEASE VISIT : <https://www.amandasbeautyschools.com/licensing.html>

Please give the date between January - April that you would like to enroll for your Cosmetology program _____ (semester start dates are listed on the website)

Do you have any questions or comments that you would like to submit with this application?

I certify the information provided in this application is true and complete to the best of my knowledge, and agree that false, or misleading information may disqualify me from further consideration, and may be grounds for revoking the scholarship if discovered at a later date. I authorize the Amanda Manigault Scholarship Program to contact the admissions department at Amanda's Art of Cosmetology Institute to confirm my application/active student status, to use my name for publicity photos, press/news releases, and any promotional material that may be developed in connection with the Scholarship Program if I am awarded a scholarship. In the event your application is selected for a scholarship award, but you fail to enter or complete your cosmetology program, you are obligated to promptly repay all monies awarded to you from the Amanda Manigault Scholarship Program. The total amount of such repayment shall not exceed the original award value. This agreement shall be construed in accordance with the laws of the State of Georgia. Please confirm your acceptance of the foregoing by signing where indicated below.

Accepted and Agreed: _____

_____ SIGNATURE DATE

BELOW ARE THE 2ND, 3RD AND 4TH STEPS TO COMPLETING YOUR APPLICATION PROCESS. These steps do not have to be submitted with your electronic application, however they must be received prior to the application deadline. If you're submitting your application by mail, **STEPS 2, 3 AND 4** must be submitted together as one. If there is any additional information needed, a representative will contact you to request the necessary documents. **ALL INFORMATION MUST BE RECEIVED BY THE APPLICATION DEADLINE.** The Application Deadline for 2019 is December 15, 2019. Application and all 4 step requirements must be submitted and completed by this date.

STEP TWO APPLICANT'S ESSAY QUESTIONS Your essay is very important for your consideration for this scholarship. We require that you attach your responses to the following questions (please try to limit your responses for each question to 250 words).
BE CREATIVE! BE AUTHENTIC!

1. **Please list your name, address, phone number and email address at the top of your essay. Please be sure that this information is included with all documents that you submit.**
2. Who are you? Please introduce yourself to us, for example your ambitions, interests, and a brief family history.
3. Please explain how you became a single mom and the reason for your financial need, include your current financial status, and all sources of income and support.
4. What strengths do you have that compliment a career in cosmetology and/or hair braiding?
5. Do you know anyone in the cosmetology/hair braiding industry? If so, describe their involvement and how this may have influenced your interest.
6. What are your plans after you complete your cosmetology/hair braiding training?
7. A career in the cosmetology/hair braiding industry requires a motivated individual, who is successful in developing a loyal customer base. What have you done in your life that shows you have the motivation and endurance to start and keep going?
8. **STEP THREE:** You are required to have at least TWO letters of Recommendation. Your letters of recommendation should come from an employer, instructor, counselor, or someone qualified to offer testimony of your character. The questions he or she will answer are the following: ■ What is your relationship to applicant? ■ How long have you known this applicant? ■ What is your assessment of the applicant's skills and strengths regarding a career in cosmetology/hair braiding? ■ Please include the following: Name and title Place of employment, or business owned Address and Daytime phone number
9. **STEP FOUR: SUBMIT YOUR INFORMATION.** Submit your completed application, essay, and letters of reference by email or standard mail. **Please list your name, address, phone number and email address at the top of your essay. Please be sure that this information is included with all documents that you submit.**
 - EMAIL: amanda@manigaultministries.org
 - STANDARD MAIL: The Amanda Manigault Scholarship Program, 7343 Tifton Way, Union City, GA 30291. Application must be postmarked no later than 5 days prior to the registration date to assure we receive it prior to the registration deadline.