



STUDENT SCHOLARSHIPS

Available from

O·P·I

APPLY NOW!

Each month OPI will be awarding 2 selected students enrolled in a qualifying OPI Preferred *Nail Technology* or *Cosmetology* program with a \$500.00 Scholarship towards their *tuition*.

Effective January 1, 2013

OPI Scholarship Qualifications & Instructions

To Qualify:

- ☞ You must reside in the United States.
- ☞ You must be enrolled or in the process of enrolling in an OPI Preferred Nail Technology or Cosmetology Program* for licensure. OPI Preferred School listings can be found at www.opi.com. Click on *Start Your Career*.
- ☞ You must submit the application along with a 1-2 page essay explaining why you want to become a nail technician/cosmetologist, your long term goals and how nail technology plays a part in your career path.
- ☞ You must provide one recommendation from a licensed professional in the beauty industry. This can be a licensed cosmetologist, nail technician, instructor, etc. See attached form.
- ☞ You must meet your state's educational requirements for entry in to a Nail Technology/Cosmetology Program for licensure.

*An OPI Preferred Nail Technology Program is one that purchases the OPI Nail Tech On-the-Go Kit directly through OPI's National School Division & provides one for each Nail Technology Student.

*An OPI Preferred Cosmetology Program is one that purchases the OPI Cosmetologist On-the-Go Kit or OPI Nail Tech On-the-Go Kit directly through OPI's National School Division & provides one for each Cosmetology Student.

Award Dates & Deadlines:

Application, Essay & Reference must be received at YourNewSchool Office by the deadline date. Any application received late will be considered for the following period. Any application received early, will be considered in the period indicated on the application. Money will be paid **directly to the educational institution** upon receipt of the winner's scholarship acceptance form and copy of acceptance letter to school.

Scholarship Period	Deadline to Receive Application	School of Scholarship Recipient to be notified by
January	January 31, 2013	February 15, 2013
February	February 28, 2013	March 15, 2013
March	March 31, 2013	April 15, 2013
April	April 30, 2013	May 15, 2013
May	May 31, 2013	June 15, 2013
June	June 30, 2013	July 15, 2013
July	July 31, 2013	August 15, 2013
August	August 31, 2013	September 15, 2013
September	September 30, 2013	October 15, 2013
October	October 31, 2013	November 15, 2013
November	November 30, 2013	December 15, 2013
December	December 31, 2013	January 15, 2014

Send Application, Essay & Reference to:

By Mail: YourNewSchool
 Attn: OPI Scholarship Program
 1803 W. 95th St
 PMB 281
 Chicago, IL 60643

By Email: info@yournewschool.com

Fax: 773-409-8526

OPI Scholarship Application

Month Applying For (choose one):

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> January 2013 | <input type="checkbox"/> February 2013 | <input type="checkbox"/> March 2013 | <input type="checkbox"/> April 2013 |
| <input type="checkbox"/> May 2013 | <input type="checkbox"/> June 2013 | <input type="checkbox"/> July 2013 | <input type="checkbox"/> August 2013 |
| <input type="checkbox"/> September 2013 | <input type="checkbox"/> October 2013 | <input type="checkbox"/> November 2013 | <input type="checkbox"/> December 2013 |

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 nail technology/cosmetology program for licensure & I meet my state's requirements for entry. Yes

CHECK ONE

I am enrolled or in the process of enrolling in an OPI Preferred Nail Technology Program*.

I am enrolled or in the process of enrolling in an OPI Preferred Cosmetology Program*.

Name of School: _____

Address of School: _____

Anticipated Date of Graduation: _____

Please complete this application and submit to YourNewSchool 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 YourNewSchool to use and publish your name and essay. If you purposely give false or misleading information, you will be disqualified.

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's Signature: _____ Date: _____

Daytime Phone Number: _____