MKC Beauty Academy, INC
3603 Seneca Avenue
Los Angeles, CA 90039
Phone & Fax: 877-798-1785
http://mkcbeautyacademy.com

I NUOVI Scholarship Application

Applicant Name: _____Age_____

Address: _____

City: _____State:_____Zip_____

Rent___ Own___ Other___ Live with Parent(s)___ SSN#_____

Phone:_____Mobile:_____

Email Address: _____

DOB:_____Place of Birth:_____Citizenship:_____

Education Status: (please circle one) High School GED Some College College Grad

College honors, extracurricular activities, publications, performances,etc

_____

Work Experience: (paid and/or volunteer)

_____

Which Program or Course are you applying for at MKC Beauty Academy? What is the Start Date?

_____

Do you have a Financial Plan for any remainder of tuition and/or kit fees? YES NO

Would you be willing to apply for a loan? YES NO Option for a co-signer? YES NO

Would you be interested in the MKC Intern Program to help pay for tuition? YES NO

Scholarship Amount Requested *: $_____
*The I NUOVI Scholarship will only cover Tuition costs. The student will be responsible for all equipment and registration fees.

The following is required to complete the I NUOVI Scholarship Application:

- Must fulfill all MKC entrance requirements for the program/course you are applying for.
- Parent(s) and/or Student ~ Please provide a copy of the previous years tax return. If you are under the age of 24, you will need to submit your legal guardian's tax returns as well.
- Submit a 1 page essay, single spaced, explaining why you need this scholarship, why you deserve it and how will it help you with your career?

Results of this application will be given to you via telephone within 1-3 days, upon received application.

Please send scholarship application to:
ATTN: Financial Aid
FAX: 1-877-798-1785
MAIL: 3603 Seneca Ave. Los Angeles, Ca 90039
EMAIL: Your MKC Education Counselor
Yvonne Villanueva: yv@mkceautyacademy.com
Crystal White: cw@mkcbeautyacademy.com