



Scholarship Application

Contours Hair and Spa, in partnership with the Bloomfield Chamber of Commerce recognizes high school seniors interested in pursuing a career in cosmetology. We provide scholarships to help young people further their education, skills, and better compete in tomorrow's workforce.

Application Deadline: Applications and supporting documentation must be received by **May 1, 2024** to Scholarships@bloomfieldchamber.org. Award notifications will be made in June 2024.

CRITERIA

To be considered for a scholarship during this application season, review the criteria and complete the application by the deadline.

- **Students must be a current resident of Bloomfield, CT,** but ***do not*** need to attend school in Bloomfield, CT to be eligible.
- Demonstrate ambition, self-drive, leadership, academic achievement and community service.
- Currently enrolled as a high school senior.
- Proof of enrollment in an accredited cosmetology school in the United States for the entire ***current*** academic year.
- Have a minimum GPA of 2.5 on a 4.0 scale (or its equivalent)
- Submit a completed application by the designated deadline.

WHAT WILL BE AWARDED?

The Chamber in partnership with Contours Hair and Spa will award one (1) scholarship of \$2000 for the current academic year to the selected recipient. The Bloomfield Chamber will pay scholarship funds directly to the school or program, on behalf of the scholarship recipient in two installments. ****Recipient must participate in a two week shadow program at Contours in order to receive the second installment.****

APPLICATION SUBMISSIONS

- All applications should be completed by the student and submitted directly by the student.
- Completed application packets (including supporting documentation) must be submitted as **one (1) pdf file** to: Scholarships@bloomfieldchamber.org by **established deadline.**
- Recommendation letters and official transcripts may be submitted under separate cover to Scholarships@bloomfieldchamber.org by the **deadline.** Please place the applicant's full name in the subject line.



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Read the application carefully. Incomplete packets or packets submitted after the deadline will not be considered.

Section 1 - Provide the following information:

- Applicant Name and Email
- Parent/Guardian name and email
- Home Address: (include City State Zip)
- Home Phone
- Mobile Phone
- High School Graduation Date
- High School Name Address: City State Zip
- Name and email address of High School Guidance/College Counselor

Section 2

List extracurricular and athletic activities, community service, accomplishments that demonstrate your commitment to your education and/or your community. Include approximate dates for each. Attach additional sheets if necessary. You may attach your resume.

Section 3

Submit an essay that answers the following question: (500-word min./800-word max.)

How does an optimistic mindset change my tomorrow and impact my interest in cosmetology and hairdressing? Your essay should include:

- **Why have you decided to pursue a career in beauty and why is hairdressing your passion**
- **Your inspiration for choosing the beauty industry and what impact you would like to have in this field**
- **Discuss your aspirations and dream job in cosmetology, and how this scholarship will assist.**

Important: Each application will be evaluated in its entirety. Decisions will not be based solely on academic achievement therefore answer the essay question in a manner that best represents your intentions.



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Section 4

Submit the following documents:

- A copy of your final high school transcript
- A letter of acceptance from an accredited cosmetology school (copy).
- Submit two of your best pics or short videos to show off your skills.
- Submit two (2) current letters of recommendation from community and/or school leaders.
- Signed Bloomfield Chamber Photo & Media Release Agreement with a current photo professional attached (see below).



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Bloomfield Chamber Photo & Media Release Agreement

I grant the Bloomfield Chamber of Commerce and/ or its representatives the right to take photographs of me and my property in connection with any events or activities in association with the Bloomfield Chamber of Commerce.

I authorize Bloomfield Chamber of Commerce, its assignees, and transferees to copyright, use and publish the same in print and/or electronically and on social media.

I agree that Bloomfield Chamber of Commerce may use such photographs of me, with or without my name and for any lawful purpose, including but not limited to web content, advertising, and publicity, illustration.

I have read and understand the above:

Signature: _____

Printed Name: _____

Address: _____

Date: _____

****If under 18 years old, signature of Parent/ Guardian (required)****

Parent/Guardian Signature: _____

Printed Name: _____ Date: _____