



# 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, 2011**

## 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](http://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 OPI's National School Division 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. The school of the winner will be notified by the 15<sup>th</sup> of the following month. Money will be paid **directly to the educational institution** upon receipt of the winner's scholarship acceptance form.

Scholarship Period	Deadline to Receive Application	School of Scholarship Recipient to be notified by
January	January 31, 2011	February 15, 2011
February	February 28, 2011	March 15, 2011
March	March 31, 2011	April 15, 2011
April	April 30, 2011	May 15, 2011
May	May 31, 2011	June 15, 2011
June	June 30, 2011	July 15, 2011
July	July 31, 2011	August 15, 2011
August	August 31, 2011	September 15, 2011
September	September 30, 2011	October 15, 2011
October	October 31, 2011	November 15, 2011
November	November 30, 2011	December 15, 2011
December	December 31, 2011	January 15, 2012

### Send Application, Essay & Reference to:

By Mail: OPI National School Division  
 Attn: OPI Scholarship Program  
 9421 S. Longwood Dr.  
 Chicago, IL 60643

By email: [schoolinfo@opi.com](mailto:schoolinfo@opi.com)

Fax: 773-445-6985

## OPI Scholarship Application

Month Applying For (choose one):

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> January 2011   | <input type="checkbox"/> February 2011 | <input type="checkbox"/> March 2011    | <input type="checkbox"/> April 2011    |
| <input type="checkbox"/> May 2011       | <input type="checkbox"/> June 2011     | <input type="checkbox"/> July 2011     | <input type="checkbox"/> August 2011   |
| <input type="checkbox"/> September 2011 | <input type="checkbox"/> October 2011  | <input type="checkbox"/> November 2011 | <input type="checkbox"/> December 2011 |

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: \_\_\_\_\_

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Please complete this application and submit to OPI's National School Division 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 OPI 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: \_\_\_\_\_