

# ACE Grant Application



The Access to Cosmetology Education Grant program was developed to assist all students in achieving their goals and earning a cosmetology license. Please complete this form and return it to the River Rock Electrology Institute with your Application Form if you wish to be considered for a grant. Recipients are chosen based on previous background, potential for success in the field, and their application essay. If you would like to attach a single sheet with additional information we will be happy to include that for the selection committee to review.

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Do you hold a High school degree \_\_\_\_\_ or GED? \_\_\_\_\_

Name last school attended and degree/diploma earned \_\_\_\_\_

Date of graduation \_\_\_\_ / \_\_\_\_ / \_\_\_\_ If GED, date received \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Type of course you are interested in:**

- |                                            |                                                   |
|--------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Cosmetology       | <input type="checkbox"/> Barbering                |
| <input type="checkbox"/> Electrology       | <input type="checkbox"/> Esthetics                |
| <input type="checkbox"/> Massage Therapist | <input type="checkbox"/> Instructor               |
| <input type="checkbox"/> Salon Management  | <input type="checkbox"/> Make-up/ Nail Technician |
- Other: \_\_\_\_\_

Name and phone number of your local Newspaper: \_\_\_\_\_

How did you hear about the ACE Grant Program? \_\_\_\_\_

How would an ACE Grant help you achieve your dreams? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby apply for an Access to Cosmetology Education Grant and affirm that the information contained in this application and accompanying material is accurate and complete to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_