



High School
Senior Scholarship
&
Early Decision
Scholarship

APPLICATION INSTRUCTIONS

Please read entire application before completing. This scholarship can be for \$1,000.00 or \$1,500.00. If you should have questions, please contact our admissions advisor at: admissions@innovatesalonacademy.com

ELIGIBILITY REQUIREMENTS

1. You must graduate high school in 2026 and enroll for any enrollment dates that fall between June 2026 and November 2026. Enrollment in our full time or part time Cosmetology, Barbering or Esthetic programs will qualify for a \$1000.00 scholarship.
2. We are offering an additional \$500.00 scholarship for early decision. You must be enrolled and have your letter of recommendation emailed to admissions@innovatesalonacademy.com on or before May 1, 2026.

SCHOLARSHIP DETAILS

1. The scholarship(s) funds awarded will be applied towards tuition, fees and books upon **completion of program hours**. Scholarship(s) are non-transferable as cash. If a student drops, or is terminated the scholarship(s) will be null and void. Also does not apply if a student re-enrolls at Innovate Salon Academy.
2. If such above mentioned classes are full, the scholarship will be null and void and cannot be transferred to other class start dates.
3. This scholarship cannot be combined with any other Innovate scholarship opportunities.

SCHOLARSHIP APPLICATION DETAILS:

1. Application information must be completed in its entirety to be considered for a scholarship. If criteria are not met or there are no applicants, the scholarship will be null and void.
2. Applicants must provide one letter of recommendation from educators or counselors that are qualified to offer testimony of character. The reference's role is to write a letter of recommendation supporting your candidacy.
3. All letters of recommendation must be emailed to the appropriate locations below.
Letter of recommendation must include your first and last name as well as your high school name, and guidance counselors name and signature.

Innovate Salon Academy - 2025 High School Graduate Scholarship Application

Student Section

Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____ Contact Phone # _____

Course of Study _____ Start date _____

Location Requested: _____ South Plainfield _____ Ewing

Required Documents attached with this Application Yes _____ No _____

Please submit all required documentation to the location you are enrolled in below.

S. Plainfield: sguido@innovatesalonacademy.com

Ewing: yjohnson@innovatesalonacademy.com

Brick: acurbelo@innovatesalonacademy.com

VERIFICATION OF INFORMATION

The information I have submitted to be considered for this scholarship application is true and accurate. I understand the penalty for falsifying any information provided with this scholarship application / attached documents will result in forfeiting my right to receive a scholarship or will cancel out my awarded scholarship if falsification becomes evident. I understand that all scholarships awarded by The Academy Scholarship Committee will be final.

Applicant Signature

Date

Academy Section:

Student's Program of Study _____

Scholarship awarded? _____ Yes _____ No

Amount Awarded _____ \$1000 _____ \$1500

Date Awarded _____

All scholarship documentation provided with this application? _____ Yes _____ No

Application Received by _____ Date Received _____