

# Beauty in Motion — Scholarship Application

Empowering aspiring cosmetologists to graduate debt-free from Alternatives Beauty School

Complete all sections in full. Applications may be submitted by email to info@alternativesbeauty.org or mailed to:  
4725 Concord Pike, Wilmington, DE 19803

## SECTION 1 — Applicant Information

Full Legal Name

Date of Application

Preferred Name (if different)

Date of Birth

Gender Identity (optional)

Street Address

City

State

ZIP Code

County

Phone Number

Email Address

Best Way to Reach You

How did you hear about Beauty in Motion?

<input type="checkbox"/> Social media	<input type="checkbox"/> Friend or family	<input type="checkbox"/> Alternatives Beauty School
<input type="checkbox"/> Community organization	<input type="checkbox"/> Internet search	<input type="checkbox"/> Other: _____

## SECTION 2 — Educational Background

Highest Level of Education Completed

Year Completed

State

Name of School / Institution

Diploma / GED / HiSET?

Have you previously attended a cosmetology or beauty school?

<input type="checkbox"/> Yes — please describe below	<input type="checkbox"/> No
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If yes — school name, dates attended, and reason for leaving

## SECTION 3 — Program & Career Interest

Which area(s) of cosmetology interest you most? (Check all that apply)

<input type="checkbox"/> Natural hair care	<input type="checkbox"/> Braiding & protective styles	<input type="checkbox"/> Locs & loc maintenance	<input type="checkbox"/> Wig making & fitting
<input type="checkbox"/> General cosmetology	<input type="checkbox"/> Skincare / esthetics	<input type="checkbox"/> Makeup artistry	<input type="checkbox"/> Not yet sure

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Why do you want to pursue a career in cosmetology? What does this career mean to you? (200–400 words)

Where do you see yourself 3–5 years after completing your cosmetology education?

## SECTION 4 — Financial Information

*This information is used solely to assess financial need and determine award amounts. All information is kept strictly confidential.*

Household Size (number of people)	Number of Dependents	Annual Household Income (approx.)

Current employment status:

<input type="checkbox"/> Employed full-time	<input type="checkbox"/> Employed part-time	<input type="checkbox"/> Unemployed — seeking work
<input type="checkbox"/> Unemployed — caregiver / other	<input type="checkbox"/> Receiving public assistance	<input type="checkbox"/> Other

Have you applied for or received other financial aid, grants, or scholarships for this program?

<input type="checkbox"/> Yes — please describe below	<input type="checkbox"/> No	<input type="checkbox"/> In progress
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If yes — source, amount awarded, and current status

## SECTION 5 — Hardship & Financial Need Statement

*We understand that circumstances vary. Please be as honest and specific as you feel comfortable being — this section helps us understand your situation and match you with the right level of support.*

Which of the following best describes your current hardship? (Check all that apply)

<input type="checkbox"/> Low income / financial instability	<input type="checkbox"/> Single parent / primary caregiver
<input type="checkbox"/> Survivor of domestic violence or abuse	<input type="checkbox"/> Experience with foster care or housing instability

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<input type="checkbox"/> Unemployment or recent job loss	<input type="checkbox"/> Medical expenses or health challenges
<input type="checkbox"/> Limited access to transportation	<input type="checkbox"/> Barriers due to prior justice involvement
<input type="checkbox"/> Immigrant or refugee status	<input type="checkbox"/> Limited English proficiency
<input type="checkbox"/> Mental health challenges	<input type="checkbox"/> Other (describe below)

**Hardship Statement —** In your own words, describe the financial or personal challenges that make this scholarship important to you. How has your situation affected your ability to pursue education? You may share as much or as little as you are comfortable with. (200–500 words)

## SECTION 6 — References

Please provide two references who can speak to your character, work ethic, or commitment to this field. Do not list family members. References will be contacted by phone or email.

### Reference 1

Full Name

Relationship to Applicant

Organization / Employer (if applicable)

Phone Number

Email Address

### Reference 2

Full Name

Relationship to Applicant

Organization / Employer (if applicable)

Phone Number

Email Address

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## SECTION 7 — Certification & Signature

I certify that all information provided in this application is true, accurate, and complete to the best of my knowledge. I understand that providing false or misleading information may result in disqualification or revocation of any award. I authorize Alternatives Beauty to contact my references and verify information as needed. I understand that receipt of this application does not guarantee an award, and that all decisions are final.

**Applicant Signature**

**Date**

**Printed Name**

### Submission Checklist — please confirm before sending:

<input type="checkbox"/> All sections completed in full	<input type="checkbox"/> Two references provided with contact info
<input type="checkbox"/> Hardship statement written (Section 5)	<input type="checkbox"/> Application signed and dated

Submit completed applications to: [info@alternativesbeauty.org](mailto:info@alternativesbeauty.org) | or mail to: 4725 Concord Pike, Wilmington, DE 19803 Questions? Call (302) 468-6609 or visit [alternativesbeauty.org/programs/beauty-in-motion/](https://alternativesbeauty.org/programs/beauty-in-motion/)