



NEW LOOK LASER HAIR REMOVAL SEMIANNUAL SCHOLARSHIP

APPLICANT INFORMATION

Last Name		First Name		M.I.	Date	
Street Address				Apartment/Unit #		
City			State	ZIP		
Phone			Email Address			
Are you a citizen of the United States?			YES	NO	Date of Birth	

ACADEMIC PROGRAM Please provide the following information about the academic program for which you would like scholarship assistance

College or University Name			City and State	
Major		Degree Sought		
Current GPA (if applicable)				

PREVIOUS ACADEMICS

Please detail below your most recent academic experiences.

Name of Institution		City and State	
Field of Study		Degree Obtained	
Time Period of Studies		GPA	

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EXTRACURRICULAR ACTIVITIES

Please list your current and recent extracurricular activities and the time commitment for each.

SMALL WRITING PROJECT

On a website, blog, or online forum, write a 100-300 word post that expresses your opinion of the personal impact of laser hair removal, using the New Look Laser Hair Removal site (<https://www.newlookhouston.com/new-look-hair-scholarship>) as a resource. You **MUST** include a link within the website or blog post to the New Look website (www.NewLookHouston.com).

Criteria for evaluation: the best posts will give clear details, avoid grammatical or spelling errors, demonstrate creativity, and weave in the applicant's personal thoughts. They must also include a link from the website or blog to the New Look website.

URL of Website or Blog Post:

TRANSCRIPT

Include, or request to have sent, a current transcript (either official or an unofficial printed copy) to the address below:

Scholarship Coordinator
New Look Laser Hair Removal
10101 Southwest Fwy #432
Houston, TX 77074

DISCLAIMER AND SIGNATURE

I certify that the information provided in this application is true and complete to the best of my knowledge.

HOW TO SUBMIT

Print out and complete this form. Mail to the address below:

Scholarship Coordinator

New Look Laser Hair Removal

10101 Southwest Fwy #432

Houston, TX 77074